

DYING A GOOD DEATH: A PRACTICAL APPROACH TO
SPIRITUAL PRAXIS FOR HOSPICE AND
PALLIATIVE CARE PATIENTS

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CONTENTS

ABSTRACT.....	iv
ACKNOWLEDGMENTS.....	v
DEDICATION.....	vi
INTRODUCTION.....	1
CHAPTER	
1. MINISTRY FOCUS.....	3
2. BIBLICAL FOUNDATIONS.....	11
Old Testament	
New Testament	
3. HISTORICAL FOUNDATIONS.....	50
4. THEOLOGICAL FOUNDATIONS.....	70
5. THEORETICAL FOUNDATIONS.....	93
6. PROJECT ANALYSIS.....	106
Introduction	
Methodology	
Implementation	
Summary of Learning	
Conclusions	
BIBLIOGRAPHY.....	122

ABSTRACT

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by
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This project was implemented at the Mount Carmel Baptist Church in Dayton, Ohio. The hypothesis of the project was if best spiritual practices are used, then more patients will have experience good deaths. In order to better equip clergy to provide impactful end of life spiritual care, this study used phenomenological theory with quantitative methods of data analysis designed to increase attendees knowledge of spiritual care for dying patients, self-awareness, holistic health care, and special needs of hospice patients and their families. The resultant data shows that pastors are not sufficiently equipped to lead congregants through a good death.

ACKNOWLEDGMENTS

This project has been laborious yet rewarding. The quality of the work and the potential impact it will have on the body of Christ is a testimony to the team of godly and gifted individuals that invested their time, energy, blood, sweat and tears into this project.

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DEDICATION

To God who is the giver of second, third and another chance. Your grace is so awesome the only word to adequately describe it is amazing. I am continuously in awe that the work you have begun you are still completing in someone as miniscule as myself. Thank you for your perfecting power. Keep on working on me.

To my parents, Reverend J. T. and Emily White, your nurturing hands raised me and your loving hearts introduced me to the carpenter from Nazareth that used two pieces of wood and a few rusty nails to save all of humanity. Thank you for exposing me to the most profound organization and organism the world has ever known, the church of Jesus Christ. The most prolific book in the world, the Bible, and the most potent power in the world, the Holy Ghost. I am who I am because of an all-powerful God and two amazing, godly, and sainted parents.

To Elley, thank you for believing in me even when it did not look like I was worth believing in. Your prayers, compassion and love are without limit and have served as an impetus to forge forward through this project as well as in any other area of success I have been blessed to experience. You are truly a God sent helpmeet.

To Chelsey and Chad Jr. (CJ), thank you for being understanding when Dad missed events in your life because he was writing. The sacrifices you have made have not gone unnoticed and they will not go unrewarded. My love for you knows no boundaries nor constraints. I could not have been blessed with a greater pair of amazing and simultaneously amusing kids.

To the members of the Mt. Carmel Baptist Church, thank you for sacrificing and investing in my education. Your investment will pay huge dividends in the days, weeks, months and years to come. “Through many dangers, toils and snares we have already come,” but by the grace of God we made it.

I also want to dedicate this project to holy and honorable men of God who have invested in my ministry, which have gone on to be with the Lord. Reverend Dr. B. J. (Uncle Benny) Maxon, Reverend Curtis W. Goodwin, Sr., Reverend John C. Raphael, and Bishop Robert Charles Blakes. These men have opened their heart, homes, pulpits, and wallets to help me become the best I can be for the work of the ministry.

CHAPTER ONE

MINISTRY FOCUS

The term synergy comes from a Greek word meaning, “work together.” Synergy is seen in biology, economy, organizations, corporations, medicine, computers, and literature. Synergy is also seen in each individual’s life on a personal level. God allows joy and pain, hurts and happiness, success and failures to all work together for our good. The intersection of these events provides believers with an opportunity for spiritual maturity and growth. This paper will analyze the components that were synergized and led this author to research this topic.

I will diagnosticate the problem(s) that will be identified and serve as the impetus for the Doctor of Ministry (DMin) project. Furthermore, I will reflect on my personal, professional, and educational development, and experiences (covered in spiritual autobiography) that caused the problem to become a burden that the author seeks to address. Finally, I will discuss how the problem(s) in my context and my personal, professional experiences intersect, homogenize, and result in the proposed DMin project.

Contextual Needs

The local church is confronted with death and the resultant grief on a consistent basis. In 2014, fifteen deaths occurred at the Mt. Carmel Church. Eighty-five percent of the deceased were over sixty years old; seventy-five percent were females; and one hundred percent of all the deaths were health related or natural causes. There are approximately two million funerals in America per year or about 5,479 funerals that take place per day.

People die from natural causes, violence, natural disasters, and accidents every day. What does the God and church leaders have to say to those who are dying and experiencing grief? How can clergy be a source of comfort to an individual who recently was diagnosed with a terminal diagnosis of cancer? What advice can clergy offer to an individual that has to decide whether or not to elect the hospice benefit and transition from a curative plan of care to a palliative care of plan? These are relevant questions that must be addressed in order for the church to provide holistic ministry to its congregants.

In my role as the senior pastor of the Mount Carmel Church, I have observed that clergy are actively involved in the pastoral care of sick and dying members. Hospital visits are made on a regular basis by clergy and other congregational members, get well cards are sent, the sick individuals name is placed on the sick and shut in list, and intercessory prayer is offered on their behalf. These events continue going on as long as the individual is sick. Upon death, if at all possible a clergy member visits with the family at the location of death. The church assists the family with the preparation and planning of the funeral program. The church facilitates the funeral service and “sends” the deceased home with a celebratory worship experience. A procession journeys to the

cemetery and the body is deposited back in the earth. The clergy member commits the body with the age old saying, “For as much as it has pleased Almighty God, in his wise providence, to take out of this world unto himself the soul of our deceased brother (sister), we therefore commit his(or her) body to the ground earth to earth, ashes to ashes and dust to dust.”¹ Following the interment of the body, everyone returns to the church fellowship hall for repast and fellowship and share memories of the deceased loved one.

After the funeral services, the bereaved are left to grieve by themselves. Lack of follow up and bereavement care hinders the church from providing effective ministry to the bereaved. Little to no information is provided to assist the bereaved loved ones in their journey through grief. They often travel this journey alone. No one considers how the bereaved person will feel when they return to the church where the funeral was held for worship on next Sunday. The bereaved drops off the radar and clergy and the congregation move on to the next death or crisis.

One of the clearly identifiable problems is clergy are not equipped with the necessary tools to lead congregants through a good death. Since a good death does not occur, the loved ones of the deceased more than likely will not experience good grief. A lack of a clear and concise theology of death and minimal exposure and training to pastoral care has handicapped clergy and their ability to facilitate good deaths. In order to facilitate a good death, tough and uncomfortable questions must be addressed to those who are dying and their family or caregivers. Most often clergy avoid asking these questions. Why does this occur? Does the clergy member know to ask these questions? Is

¹ Edward Hiscox, *The Star Book for Ministers*, 2nd ed. (Valley Forge, PA: Judson Press, 1994), 23.

the clergy member apprehensive or fearful regarding broaching the subject of death and dying?

This researcher's introduction to spiritual care for the dying took place in the crucible of trial by fire. As a young preacher, eighteen years old, my pastor was travelling and unable to be present at the bedside of a member who was actively dying. Green and untrained, this researcher entered into the hospital room of a patient hooked up to numerous machines with medical staff changing fluid bags and checking vitals. The family members and love ones gathered around holding a vigil were scared and uncertain of the outcome. Uncertain of what to do, sacred scripture was read, prayer was offered, and encouragement was shared. By the grace of God, the visit was meaningful and comforting to the patient and family.

This is the plight of many clergy every day, untrained and uncertain how to provide spiritual care to the dying and bereaved. What are the symptoms of spiritual distress or anxiety? What should be the focus of the prayer? When someone is actively dying, is it theologically correct to ask God to heal them or ask God to help them accept whatever God's will is for their lives? How does a person of faith reconcile faith with acceptance that God may not heal the patient? How important is ritual in the life of the patient?

What questions can be asked? What questions should be asked? Is it appropriate to inquire if the dying person has a will? Will the patient or the patient's family members get offended if asked about life insurance or funeral arrangements? Does the patient desire to remain a "full code" or elect a "do not resuscitate (DNR)"? Does the patient have a need for confession or repentance? Is there a need for reconciliation with

estranged family members or friends? Has the patient decided to have a funeral, get cremated, or donate their body to a medical college? Has the patient decided to elect hospice? If they have, do they want to remain at home, in a hospice in-patient unit (IPU) or a nursing home? Does the dying person have the support system to continue living at home or is it necessary for them to move to a nursing home? How does quality of life at the end of life look like for the patient? What does a dignified death look like for the patient? These and so many other questions bring a sense of discomfort to the clergy member, the patient, and family members but are very necessary to make the dying process as comfortable as possible.

When these questions are avoided or unanswered the results can range from severe anxiety to protracted and unhealthy grief for the patient and the family. Life changing events, in particular, the possibility of an imminent death causes spiritual assessment and reflection. The uncertainty of death evokes spiritual anxiety that usually results in the summoning of a spiritual leader. The spiritual presence and prayers that clergy provide at the bedside of the sick and dying are invaluable. The ministry of presence speaks volumes and evokes a sense of comfort that comes from a representative of the Divine. To view all clergy as experts in the field of thanatology is a grave mistake. Their love for God and humanity may be evident, but passion is not always a suitable substitute for a lack of training. Many have been thrown into a hospital room unprepared to adequately address the needs of the death and the dying. The development of spiritual care skills is necessary because they are called into the presence of the dying to provide reassurance and comfort. The minister is asked about mysteries, which are still mysterious to them as well. The minister is asked why, why, and they do not know why.

The clergy member's predicament in the face of death is a paradox. The clergy is there to represent God, yet they are only human and subject to death and the emotions death evokes as well.

Skills of Author

My experience as a local church pastor and hospice chaplain and bereavement coordinator provided significant insight into the role of spirituality for the dying and bereaved. The day-to-day interaction in hospice care has allowed this researcher to see the benefits of spiritual care for the dying and how clergy can lead the dying to a good death. This experience has also allowed this researcher to see the benefits for the dying when they received adequate spiritual care.

It has been my experience, that those patients who have confronted the tough questions of death and dying suffer less anxiety and spiritual and emotional distress at the end of life. This researcher's formal training to spiritual care for the dying and bereaved was through Clinical Pastoral Education (CPE). According to the American Clinical Pastoral Education (ACPE) Standards 309-312, "CPE provides theological and professional education using the clinical method of learning in diverse contexts of ministry... The objectives of CPE Level I/Level II enables pastoral formation, pastoral competence and pastoral reflection."²

² The Association for Clinical Pastoral Education, Inc. "Standards 309-310 Objectives and Outcomes of ACPE Accredited Programs," Association for Clinical Pastoral Education, accessed March 1, 2011, <http://www.manula.com/manuals/acpe/acpe-manuals/2016/en/topic/standards-309-319-objectives-and-outcomes-of-acpe-accredited-programs>.

Pastoral Formation is essential to quality end of life spiritual care. Pastoral Formation is “the exploration and development of one’s pastoral identity and practice through integrating one’s theology, and knowledge of behavioral and social sciences.”³ Through the pastoral formation process, this researcher has become more cognizant of self-awareness and how my ministry affects others.

Self-awareness plays a vital role in a proper understanding and assessment of the ones attitudes, values, strengths and weaknesses that affect their ability to provide pastoral care. A heightened sense of self-understanding provides the pastoral care practitioner with the necessary tools to “know thyself.” The ability to understand someone else is a direct reflection of one’s own inner self.

The objectives of CPE Pastoral formation are:

- 309.1 To develop students’ awareness of themselves as ministers and of the ways their ministry affects persons.
- 309.2 To develop students’ awareness of how their attitudes, values, assumptions, strengths, and weaknesses affect their pastoral care.
- 309.3 To develop students’ ability to engage and apply the support, confrontation, and clarification of the peer group for the integration of personal attributes and pastoral functioning.⁴

Another facet of ACPE that impacted my spiritual care for the dying, is Pastoral competence. “Pastoral competence is the discovery and use of skills necessary for the intensive and extensive practice of ministry.”⁵ These competencies include, but are not limited to understanding ones social context of pastoral care, comprehension of models of

³The Association for Clinical Pastoral Education, Inc. “Standards 309-310.”

⁴The Association for Clinical Pastoral Education, Inc. “Standards 309-310.”

⁵ The Association for Clinical Pastoral Education, Inc. “Standards 309-310.”

pastoral care, ability for theological reflection, and a cursory understanding of grief and loss. Pastoral competence has enabled me to provide ministry to a diverse population of people, while taking into consideration multiple elements of cultural and ethnic differences without imposing a great deal of my own perspectives, biases or beliefs.

The third facet of CPE that impacted my spiritual care for the dying is Pastoral Reflection. Pastoral reflection is “the process of increasing awareness and understanding of, and ability to articulate, the meaning and purpose of one’s experience in ministry.”⁷

The objectives of CPE Pastoral Competence are:

- 309.9 To develop students’ understanding and ability to apply the clinical method of learning.
- 309.10 To develop students’ abilities to use both individual and group supervision of personal and professional growth, including the capacity to evaluate ones’ ministry.⁸

⁶ The Association for Clinical Pastoral Education, Inc. “Standards 309-310.”

⁷ The Association for Clinical Pastoral Education, Inc. “Standards 309-310.”

⁸ The Association for Clinical Pastoral Education, Inc. “Standards 309-310.”

CHAPTER TWO

BIBLICAL FOUNDATIONS

Old Testament

The LORD is my Shepherd; I shall not be in want. He makes me lie down in green pastures, he leads me beside quiet waters, He restores my soul. He guides me in paths of righteousness for his name's sake. Even though I walk through the valley of the shadow of death, I will fear no evil, for you are with me; your rod and your staff, they comfort me. You prepare a table before me in the presence of my enemies. You anoint my head with oil; my cup overflows. Surely goodness and love will follow me all the days of my life, and I will dwell in the house of the LORD forever.¹

J. Vernon McGee argues, Psalm 23, which is so popular, would be meaningless without Psalm 22, which he believes along with Psalm 24 make a trilogy or triptych of psalms that belong together. Psalms 22, 23, and 24 are called the shepherds psalms. These three psalms present the following picture of the Lord: In Psalms 22 He is the Good Shepherd. The Lord Jesus Himself made the statement, "I am the good shepherd; the good shepherd giveth his life for the sheep" (Jn 10:11). Now here in Psalm 23, He is the Great Shepherd. Notice this title at the conclusion of the Epistle to the Hebrews: "Now the God of peace, that brought again from the dead our Lord Jesus, the great shepherd of the sheep, through the blood of the everlasting covenant, make you perfect in every good work to do his will, working in you that which is well-pleasing in his sight, through Jesus Christ, to whom be glory forever and ever, Amen" (Heb 13:20-21).

¹ Psalm 23:1-6, New Revised Standard Version. Unless otherwise noted, all scripture references in this document are from the NRSV.

Next, we see in Psalm 24, the Lord as the Chief Shepherd. “And when the chief shepherd shall appear, ye shall receive a crown of glory that fadeth not away” (1 Pt 5:4).² The psalmist employs the metaphorical language of poetry to paint a distinct portrait of the loving God of Israel. God in his multifaceted personality chose to disclose himself to Israel and the rest of humanity in a plethora of ways. The Old Testament is saturated with anthropomorphic images, which describe some aspect of the self-existing, omniscient, omnipotent, and omnipresent God of Israel.

The biblical writers describe God as a shepherd (Ps 23:1), as a physician (Ex 15:26); a bridegroom (Is 61:10); a father (Dt 32:6); a mother (Is 66:13); as a friend (Ex 33:11); a husband (Is 54:5); and as a prosecuting attorney (Jer 2:9). In addition, the Bible also describes God’s activities in terms of human body parts: a face (Ex 33:11), eyes (Ps 11:4), ears (Ps 55:1), a nose (Dt 33:10), a mouth (Dt 8:3), hands (Nm 11:23), and a heart (Gn 6:6). He is said to be capable of smelling, tasting, hearing, laughing, sitting down, and walking. Further, God is also compared to various animals including the lion (Is 31:4); the eagle (Dt 32:11); the lamb (Is 53:7); as well as inanimate objects such as a rock (Dt 32:4); a tower (Prv 18:10); a shield (Ps 84:11); and a shadow (Ps 91:1).³

Shepherding had a rich and amazing history in Israel’s culture. The role and responsibilities of a shepherd were well known to the Hebrew people. The first mention of a shepherd is found in Genesis 4:2, “Later she gave birth to his brother Abel. Now

² J. Vernon McGee, *Thru the Bible with J. Vernon McGee*, vol. 2 (Nashville, TN: Thomas Nelson, 1982), 711.

³ Daniel L. Aiken, *A Theology of the Church* (Nashville, TN: B & H Academic, 2007), 150.

Abel kept flocks, and Cain worked the soil . . .” Shepherding was a historic way of existence for the Hebrew people. In Genesis 46, Joseph affirms the historical role of shepherding as a way of life for his brethren and even their fathers before them. Moses spent forty years caring for his father-in-law’s sheep (Ex 3:1); David cared for his father’s sheep (2 Sm 7:8); and the prophet Amos (Am 1:1) was a shepherd as well. The vast majority of times men worked as shepherds, but the Bible identifies women that worked as shepherds as well. Shepherdesses included Rebekah, who was a keeper of her father’s sheep (Gn 29:9) and the daughters of Jethro, who kept their father’s sheep (Ex 2:16).

According to M. G. Easton, “The duties of a shepherd in an unenclosed country like Palestine were very onerous. In early morning, the shepherd led forth the flock from the fold, marching at its head to the spot where they were to be pastured. Here the shepherd watched them all day, taking care that none of his sheep strayed, and if any for a time eluded the shepherd’s watch and wandered away from the rest, seeking diligently till he found and brought it back. In those lands, sheep were required to be supplied regularly with water and the shepherd for this purpose had to guide them either to some slow running stream or to wells dug in the wilderness and furnished with troughs. At night, he brought the flock home to the fold, counting them as they passed under the rod at the door to assure himself that none were missing. Nor did his labors always end with sunset. Often he had to guard the fold through the dark hours from the attack of wild beasts, or the wily attempts of the prowling thief.”⁴

⁴ M. G. Easton, *Easton’s Bible Dictionary*, 3rd ed. (Nashville, TN: Thomas Nelson, 1897), 15497, Kindle Edition.

The image of the shepherd king is an ancient Near Eastern idea that predates biblical times. The sobriquet “shepherd” had royal connections. In the ancient world, gods and kings were known as shepherds of their people. The metaphor of the “shepherd king” has a colorful history. King Hammurabi called himself shepherd. The Babylonian god of Justice, Shamash was called a shepherd.⁵ The Egyptian god Osiris is commonly portrayed holding a shepherd’s crook along with a flail and is called a shepherd. God is seen as the shepherd king (Ps 95:1-7).

The kings of Israel were judged as shepherds (Jer 23:1-4; 49:20; Mi 5:4). The metaphorical shepherd appears at least ninety times in the Old Testament, primarily in psalms. The 23 Psalm pericope is the most well known passage that describes the pastoral role of David’s “Lord.” The prophet Isaiah penned a less familiar description of God as a loving shepherd, “He tends his flock like a shepherd: He gathers the lambs in his arms and carries them close to his heart; he gently leads those that have young.” (Is 40:11).

Biblical writers often picture religious leaders as shepherds and the people they lead as sheep. Moses spent significant time with sheep prior to God calling him to quarterback the Children of Israel’s exodus from Egypt. The pastoral care that Moses, along with the assistance of his brother Aaron, led the psalmist to describe their work as leading the people of Israel like a flock by their hand (Ps 77:20). Moses’ successor, Joshua, received the shepherd’s mantle as well. Joshua was selected to lead Israel so that he could go in before them and lead them out so they would not be as sheep, which have no shepherd (Nm 27:17). God took David the shepherd from the sheepfolds to the palace so that David could feed his people and guide them with the skillfulness of his hand

⁵ Willeam A. Van Gemeren, *The Expositor’s Bible Commentary*, vol. 5, ed. Frank E. Gaeblein (Grand Rapids, MI: Zondervan, 1991), 215.

(Ps 78:70-72). Cyrus, King of Persia is also identified as a shepherd of Yahweh (Is 44:28).

Old Testament literature uses the metaphorical shepherd with ecclesiastical satire to describe religious leaders who took advantage of, manipulated, and discarded their God-given pastoral leadership responsibilities. God demanded the prophets and priests of Israel to love and lead his people like good and godly shepherds. False religious leaders are labeled as bad shepherds. The historical passage, which gives an extended denunciation of unspiritual leaders, is Ezekiel 34. The prophet Ezekiel pronounced woes against the shepherds of Israel. The ignominious shepherds were guilty of feeding and taking care of themselves while the sheep were still hungry and wanting (Ez 34:2-3). The derelict and neglectful shepherds were guilty of not strengthening the diseased, healing the sick, binding the broken, nor retrieving sheep that have gone astray (Ez 34:4). This elephantine vacuum in spiritual and pastoral leadership resulted in the sheep being scattered and becoming prey to all the beasts of the field (Ez 34:5).

God uses graphic language to pronounce judgment upon the flagitious and incorrigible shepherds. Since these shepherds were incurious regarding their pastoral assignment, God will come against them and require his flock at their hand (Ez 34:10). The end result will be that God himself will shepherd his sheep and set David over them as shepherd to provide, protect, and remain present with them (Ez 34:12-16).

The first mention of sheep in the Bible is in Genesis 4:2, "Next she bore his brother Abel. Now Abel was a keeper of sheep, and Cain a tiller of the ground." Sheep represented wealth, they provided food (1 Sm 14:32), milk to drink (Is 7:21-22), wool for clothing (Jb 31:20), and leather for tents (Ex 26:14). Sheep were also an intricate and

paramount component of the Levitical sacrificial system. They were offered as burnt offerings (Lv 1:10), sin offerings (Lv 4:32), guilt offerings (Lv 5:15) and for peace offerings (Lv 22:21). The fat-tailed sheep are the variety mostly used throughout the Bible. The enormous fat tail provides reserve strength for the sheep, just like the hump does for the camel. This type of sheep is referenced in the Pentateuch. “Also you shall take the fat of the ram, the fat tail, the fat that covers the entrails, the fatty lobe attached to the liver, the two kidneys and the fat on them, the right thigh (for it is a ram of consecration)” (Ex 29:22). “Then he shall offer from the sacrifice of the peace offering, as an offering made by fire to the LORD, its fat, and the whole fat tail which he shall remove close to the backbone. And the fat that covers the entrails and all the fat that is on the entrails” (Lv 3:9).

The family often depended upon sheep for survival. A large part of their diet consisted of by products from the sheep mostly milk and cheese. Occasionally, they ate the meat. Their clothing and tents were made of wool and skins. Their social position often depended on the wellbeing of the flock, just as we depend upon jobs, businesses, cars and houses. Family honor might depend upon defending the flock.⁶

Background/ Setting

There is miniscule, if any, debate regarding David’s authorship of Psalm 23; however there is much scholarly debate regarding the historical and contextual setting of

⁶ Ted H. Waller, *With Sheep in the Wilderness: Shepherding God’s Flock in the World* (Nashville, TN: Twentieth Century, 1991), 9-10.

this psalm. Its original setting or situation in life is difficult to determine. Keil and Delitzsch argue, “If David is the author, there is no reason for doubting it, then this Psalm belongs to the time of rebellion under Absalom, and this supposition is confirmed on every hand.”⁷

Alexander McLaren suggests, “The king who had been the shepherd-boy, and had been taken from the quiet sheep-cotes to rule over Israel, sings this little psalm of Him who is the Shepherd and King of men. We do not know at what period of David’s life it was written, but it sounds as if it were the work of his later years. There is a fullness of experience about it, and a tone of subdued, quiet confidence, which speaks of a heart, mellowed by years, and of a faith made sober by many a trial. A young man would not write so calmly, and a life which was just opening would not afford material for such a record of God’s guardianship in all changing circumstances.”⁸

Dr. Frank Morgan has called the 23 Psalm “the Song of the Old Shepherd.”⁹ Terrein follows this same train of thought, “Psalm 23 stands out in the Psalter as an eclogue of almost perfect form and substance. If the last strophe had not mentioned ‘The house of Yahweh,’ the poem *might have been* composed by the adolescent David of Bethlehem, who became the intimate friend of Prince Jonathan and was a musician attached to the court of King Saul.”¹⁰

⁷ C. Keil and F. Delitzsch, *Commentary on the Old Testament*, vol. 5, trans. Francis Bolton (Peabody, MA: Hendrickson), 207.

⁸ Alexander McLaren, *Exposition of the Holy Scriptures: Psalm 1-50* (New York, NY: Hodder and Stoughton, 1867), 95.

⁹ McGee, *Thru the Bible*, vol. 2, 711.

¹⁰ S. Terrein, *The Psalms: Strophic Structure and Theological Commentary* (Grand Rapids, MI: Eerdmans, 2003), 243.

J. Vernon McGee argues, “In Psalm 23 you do not have the musings of a green inexperienced lad but the mature deliberations of ripe experience. You see, David, when he came close to the end of his life, looked back upon his checkered career. It was then, he wrote this psalm. Therefore, in Psalm 23 we do not have the theorizing of immaturity but fruit and the mature judgment born of a long life.”¹¹

Exposition

Psalm 23:1 states, “The Lord is my shepherd; I shall not want.” The Lord is David’s shepherd. The Hebrew word translated Lord is *Yahweh* or *Jehovah*. This is the Old Testament personal name for God. This is *Jehovah* God, the covenant making God of Israel. The self-sufficient God who chose to self-disclose to Moses as the “I am that I am” in Exodus. The name *Yahweh* or *Jehovah* is inexhaustible, denoting self-sufficiency and timelessness. *Yahweh* has omnipotence, omniscience, and omnipresence. David’s shepherd answers to no one and is accountable to no one. The timeless component of *Yahweh* coincides with the eternal trait and characteristic of immutability: *Yahweh* was like this yesterday; *Yahweh* is like this today; and *Yahweh* will be like this tomorrow. “The word *Jehovah* is formed from the combination of the three tenses of the verb “to be.” *Yehi* means “He will be” (future form); *Hove* means “being” (present form); *Hayah* means “he was” (past tense). *Jehovah* or *Yehovah* is formed from *Yeh* (1st three letters),

¹¹ McGee, *Thru the Bible*, vol. 2, 711.

Ov (middle two letters), *Ah* (last two letters). *Jehovah* signifies, the God “who Is,” “Was,” and “is to Be” or the “I am that I am.”¹²

Verse 1 metaphorically identifies the Lord as David’s shepherd. According to Mays:

A word used as a metaphor brings all that it denotes and connotes in ordinary language to the explication of that to which it is related. A metaphor used for theological purposes is very serious business. It does not simply imply comparison; it identifies equation. A metaphor becomes the image as which and through which something or someone is understood. It conveys more, and it speaks more powerfully than is possible to do in discursive speech. It draws on varied experience and evokes imagination. It is plastic in meaning, capable of polysemy.¹³

The metaphorical use of the familiar shepherd brings its entire weight and paramount to the meaning of this text. The shepherd was vital and necessary for the sheep’s existence. David’s identification of the Lord as his shepherd speaks volumes of the intimate pastoral relationship between the shepherd and the sheep. The sheep were dependent upon the shepherd for their very existence. Sheep were incapable of self-preservation for any extended period of time thus the dire need and dependency upon a shepherd. “This statement is a confession. It declares commitment and trust. It also has a polemical thrust against human rulers and divine powers. The psalm entrusts the support, guidance and protection of life only and alone to the one whose name is the Lord.”¹⁴

¹² Rod Mattoon, *Mattoon’s Treasures: Treasures from Treasured Psalms*, vol. 1 (Dexter, MI: Thomson-Shore, 2005), 204.

¹³ James Luther Mays, *Psalms: Interpretation, A Biblical Commentary for Teaching and Preaching* (Louisville, KY: John Knox, 1994), 115-116.

¹⁴ Mays, *Psalms*, 117.

Shepherd is the oldest appellation for God in Hebrew tradition (Gn 49:24). The Hebrew word for shepherd is *Ra'ah*.¹⁵ The verb is a participle and can be translated as “the Lord is shepherding me.” This individualistic approach of David describing God as his personal shepherd is quite unique. Usually the shepherd is seen through a communal lens with a relationship to and engaging with the entire flock. In Old Testament writing, the Lord is typically identified as the shepherd of the community (Ps 80:1). The intimate relationship between David and “his” shepherd is woven throughout the rest of this Psalm:

The Lord is *my* shepherd; *I* shall not want. He maketh *me* to lie down in green pastures; he leadeth *me* beside the still waters. He restoreth *my* soul: he leadeth *me* in the paths of righteousness for his names sake. Yea, though *I* walk through the valley of the shadow death, *I* will fear no evil: for thou art with *me*; thy rod and thy staff they comfort *me*. Thou preparest a table before *me* in the presence of *mine* enemies: thou anointest *my* head with oil; *my* cup runneth over. Surely goodness and mercy shall follow *me* all the days of *my* life: and *I* will dwell in the house of the Lord forever.¹⁶

The sheep know the shepherd and the shepherd knows each of the sheep in his care collectively and individually. A true shepherd has an intimate relationship with the sheep. The sheep know the shepherd’s voice and the shepherd calls them by name (Jn 10:3-5). Shepherds can recognize their sheep individually, as we can recognize each other’s faces, and thus “know” their sheep.

Sometimes, several flocks are allowed to mingle together in one fold (Gn 29:13). When it is time to separate the sheep, each shepherd will stand up and loudly cry out their unique call. The sheep began to disperse and follow after “their” shepherd’s voice.

¹⁵ R. Harris, G. Archer, and B. Waltke, *Theological Wordbook of the Old Testament*, vol. 1, (Chicago, IL: Moody, 1980), 852.

¹⁶ Ps 23, italics mine.

Strangers can use the same call but the sheep will not follow. “The sheep follow him, for they know his voice. And a stranger will they not follow, but will flee from him: for they know not the voice of strangers” (Jn 10:4, 5).

Since God is the self-sufficient one who was, who is and who is to come, David is confident that all of his needs will be met. The Lord is *Jehovah-Jireh*, “the Lord will provide” or see to it that the ovine of the fold will have their needs met. The same *Jehovah-Jireh* who provided the lamb for Abraham’s sacrifice (Gn 22:13-14) is the benevolent shepherd of the 23 Psalm. The provisionary facet of the God as shepherd is clearly seen in the Exodus event in the life of Israel. God withheld no good thing from them. They were supplied with clothing, shoes, food, and water. Yahweh protected and provided for them during their entire journey from Egypt to the land of promise. Even while in the wilderness, God was with the Hebrew people and they lacked nothing (Dt 2:7; Neh 9:21; Ps 34:10). David describes the fulfillment that comes from a life of following the shepherd (Ps 37:25).

Psalm 23:2 states, “He maketh me to lie down in green pastures: he leadeth me beside still waters.” The shepherd provides a place for rest and refreshment for the sheep. In this text God, *Jehovah Shalom*, “The Lord our Peace” gives rest to the sheep in the fold (Ex 33:14; Is 32:18). The shepherd’s desire to provide for the sheep puts the sheep in a position where they are comfortable and at ease laying down.

Phillip Keller in his seminal and noteworthy book, *A Shepherd Looks at Psalm 23*, explains how difficult it is to get sheep to lie down. Keller argues, “It is almost impossible for them to be made to lie down unless four requirements are met. Owing to their timidity, they refuse to lie down unless they are free from all fear. Because of the

social behavior within a flock, sheep will not lie down unless they are free from friction with others of their kind. If tormented by flies or parasites, sheep will not lie down. Lastly, sheep will not lie down as long as they feel in need of finding food. They must be free from hunger.”¹⁷ The Sabbath rest that the shepherd provides restores the mind, body and soul (Ex 31:17).

The shepherd is attentive to the needs of the sheep and searches for rich green pastures for the sheep in the fold. The shepherd does not offer dry parched ground to the sheep but leads them to “tender roots.” “The green pastures were a seasonal phenomenon. The fields, even parts of the desert, would green during the winter and spring. But in summer and fall, the sheep would have to be led to many places in search of food.”¹⁸ To lie down in green pastures is indicative of feeding in verdant and succulent pastures. The shepherd provides the best pastures that can be located for the sheep.

The shepherd gently leads the sheep beside the “still” or “quiet” waters. Sheep are not like cattle, they cannot be driven they must be led. The shepherd does not take position behind the sheep and with the aid of a dog or while riding on a horse push the sheep forward. But, the shepherd stands in front of the sheep and leads them to pastures and waters of sustenance and relaxation. The shepherd leads the sheep to the best watering holes. Quiet waters are necessary for watering sheep. Swift moving waters or water with a current is dangerous to sheep and could possible cause them to drown.

¹⁷ Phillip Keller, *A Shepherd Looks at Psalm 23* (Grand Rapids, MI: Zondervan, 2007), 45.

¹⁸ Gacblin and Van Gemeren, *The Expositor's Bible Commentary*, 216.

Sheep are instinctively scared of the loud noises caused by swiftly moving waters so the shepherd must pick up large stones and place them in the stream to damn it up for the sheep to be able to get a refreshing drink from “quiet” waters.

Psalm 23:3 states, “He restoreth my soul: he leadeth me in the paths of righteousness for his name’s sake.” The word “restoreth” comes from the Hebrew word *shuw* which means “to repair, restore, return from exile or bring back.”¹⁹ When the sheep wander away or stray from the flock the shepherd seeks for it and returns it back to the fold. God, *Jehovah-Rophe*, “the Lord that heals” (Ex 15:26) is the one that brings restoration. The concept of restoration can speak of figurative restoration or literal restoration. Figurative restoration draws upon the metaphors of “laying down,” “green pastures” and “still waters” that give life sustaining nutrients to weary sheep. Tired and frazzled sheep that have been following the shepherd find peace and serenity in green pastures and they are “renewed,” “refreshed” and “restored.”

Keller offers significant insight into the literal concept of restoration for a “cast down” sheep:

A heavy, fat, or long-fleeced sheep will lie down comfortably in some little hollow or depression in the ground. It may roll on its side slightly to stretch out or relax. Suddenly the center of gravity in the body shifts so that it turns on its back far enough that the feet no longer touch the ground. It may feel a sense of panic and start to paw frantically. Frequently this only makes things worse. It rolls over even further. Now it is quite impossible for it to regain its feet. In this position gases build up in the body, cutting off circulation to the legs and often it is only a matter of a few hours before the sheep dies. The only one who can restore the sheep to health is the shepherd.²⁰

¹⁹ Harris, Archer, and Waltke, *Theological Wordbook of the Old Testament*, 909.

²⁰ Keller, *A Shepherd Looks at Psalm 23*, 61.

The role of the shepherd as a guide is further articulated as the shepherd “leads” the sheep in the “paths of righteousness for his names sake.” The word for “leadeth” is from the Hebrew word *nahal*, which is translated as to “lead or guide tenderly (Gn 24:27; Ps 31:3) or to tenderly lead or guide out of trouble (Jb 31:18).²¹

Sheep are some of the dumbest animals in the world. They need constant supervision and oversight. If the shepherd is not careful, the sheep will wander away from the flock and find themselves travelling down the wrong paths and going astray (Ps 119:176; Is 53:6). Lost sheep could be confronted with enemies and danger they are incapable of overcoming. Sheep have no sense of direction and get easily disoriented. Sheep have bad eyesight and it is not uncommon for sheep to fall into cracks or crevices when not under the watchful eye of the shepherd. God, *Jehovah- Tsidkenu*, “the Lord our righteousness” (Jer 33:16) leads the sheep in “right paths.” Paths that is winsome and wholesome for the benefit of the sheep. The right paths that the shepherd leads the sheep through consist of safety, shelter, and sustenance (Ps 5:8; Ps 27:11). The shepherd is altruistic and has the sheep’s best interest at heart. Right paths are chosen by the shepherd in order to bring sheep more directly to the shepherd’s intended destination as opposed to crooked paths (Ps 125:5; Prv 2:15).

The shepherd leads the sheep in the paths of righteousness “for His name Sake.” The wellbeing of the sheep was the total and complete responsibility of the shepherd. If the sheep were not adequately watered, fed and rested it was a direct reflection of the

²¹ Harris, Archer, and Waltke, *Theological Wordbook of the Old Testament*, 568.

ineptitude or inattentiveness of the shepherd. The shepherd's name was at stake. The Hebrew word for name is *shēm*. It can also be translated as "reputation, fame, or glory."²²

In Ezekiel 34, God chastises the shepherds who allow predatory animals like wolves, lions, and bears to come in the fold and devour the sheep. In the absence of a shepherd, the sheep will scatter (Jn 10:12-13). This is not the *modus operandi* of the shepherd in this Psalm. David's shepherd is bound by his name, Yahweh, to be with the sheep and He does this simply for "his name's sake."

Psalm 23:4 states, "Yea, though I walk through the valley of the shadow of death, I will fear no evil: for thou art with me; thy rod and thy staff they comfort me." The idiom "shadow of death" is a superlative image for "very deep shadow" or "deep darkness." "Shadow of death" (*salmawet*) is a compound word joining the word for "shadow" and "death." Therefore, "shadow of death" refers to calamity, destruction, or terror. It is used frequently in the book of Job and paints the picture of a thick fog or deep shadow. (Jb 3:5; 10:21-22; 12:22; 16:16; 24:17; 28:3; 34:22; 38:17).

Keller points out; this passage paints the picture of:

Seasonal passage from the lowlands where sheep spend the winter, through the valleys to the high pastures, where they go in summer. The valleys are places of rich pasture and much water, but they are also places of danger. Wild animals lurk in the broken canyon walls. Sudden storms may sweep along the valley floors. There may be floods. Since the sun does not shine into the valley very well, there really are shadows, which at any moment may become shadows of death.²³

Sheep are defenseless animals, they are not fleet of foot; they do not have apical claws, or aciculate antlers, nor do they have an aggressive nature with which to defend themselves. Sheep are prime prey for predators because apart from the shepherd they are

²² Harris, Archer, and Waltke, *Theological Wordbook of the Old Testament*, 934.

²³ Harris, Archer, and Waltke, *Theological Wordbook of the Old Testament*, 934.

vulnerable and helpless. So for sheep the possibility of death lurks behind every rock, is hidden in every curve, and is laying in wait, camouflaged in every valley.

This is the central verse of the psalm, and the personal pronoun changes from *he* to *you*. David is not speaking *about* the shepherd but speaking *to* the shepherd.”²⁴ Boice points out, “The second person pronoun “you” replaces the third person pronoun “he” at this point. Earlier we read, “*He* makes me lie down... *he* leads me beside quiet water...*he* guides me.” But now, “I will fear no evil, for *you* are with me; *your* rod and *your* staff, they comfort me.”²⁵

The interminable presence of the shepherd mitigates and alleviates any fears that are inherent with valley travel. God, *Jehovah-Shammah*, “the Lord is there” (Ez 48:35) is ever present with the flock. The sheep can move forward in peace and serenity because they are following a shepherd who provides protection. Shepherding was not done at a distance but the shepherd was affectionate and hands on with the sheep. The shepherd was so intimate with his sheep that the shepherd even smelled like sheep. The pastoral concern for the sheep would cause “good” shepherds to go so far as to lay down their lives for the sheep (Jn 10:11). The perpetual presence of the shepherd caused the sheep to feel secure even while facing the shadow of death.

The shepherd employed a rod and a staff (shepherds crook) to provide protection and correction for the sheep. The staff was a weapon of authority and power. The rod was a heavy cudgel with which the shepherd could stun or kill an attacking beast. It was about two feet long in length. It is often made of oak wood and has a knob on the end of it.

²⁴ Warren Wiersbe, *The Bible Exposition Commentary: Old and New Testament Wisdom and Poetry* (Colorado Spring, CO: David Cook, 2004), 136.

²⁵ James Boice, *Psalms Vol. 1: An Expository Commentary* (Grand Rapids, MI: Baker, 1994), 211.

Some rods had nails or spikes pounded into the knob end for use against predators. The shepherd also used the rod for protection by throwing it at an unknowing or disobedient sheep that go too close to poisonous weeds or other dangers. David undoubtedly used his rod to defend his father's sheep when they were attacked by a lion and a bear (1 Sm 17:34-37).

"The prophet, Ezekiel, refers to the custom of the sheep passing under the shepherd's rod for the purpose of counting or inspecting them. "I will cause you to pass under the rod" (Ez 20:37). The Law of Moses speaks of tithing the flock for a specific purpose at such a time. "And concerning the tithe of the herd, or of the flock, even whatsoever passeth under the rod, the tenth shall be holy unto the Lord" (Lv 27:32)."²⁶

The shepherd's staff was a stick that was five or six feet long, which usually had a crook at the end of it and it was used for comfort and correction. The shepherd would lean on the staff for support much like an elderly person would lean on a cane for support. The shepherd used the staff to lift lambs and sheep that have fallen into crevices, thorns, or other dangerous situations.

Psalm 23:5 states, "Thou prepares a table before me in the presence of mine enemies: thou anointest my head with oil; my cup runneth over." "A literal translation, "Thou prepares a table," has traditionally been interpreted as the sign of an abrupt change in style. Many exegetes still believe that the image of the shepherd has become that of a host in a village or even in an urban environment. It is forgotten that, although the Canaanite cognate of the Hebrew word appears as early as the fourteenth century B. C. E.

²⁶ Fred H. Wight, *Manners and Customs of Bible Lands* (Chicago, IL: Moody, 1953), 275.

at Ugarit in the sense of “table,” its Arabic equivalent, even in modern times, continues to mean, not a piece of wooden furniture, but an animal skin or woven rug thrown on the ground to keep food away from the sand.”²⁷

“Some students believe there is a change of metaphor here, from the shepherd and his sheep to the host and his guest but this is not necessarily the case. “Table” does not necessarily refer to a piece of furniture used by humans, for the word simply means, “something spread out.” Flat places in the hilly country were called “tables” and sometimes the shepherd stopped the flock at these “tables” and allowed them to eat and rest as they headed for the fold” (Ps 78:19).”²⁸

The Hebrew word for “prepares” is *arak*. It can also be translated as “arrange, set in order, or array.”²⁹ Who are the enemies in this text? According to Terrien, “In the early part of the twentieth century, for Lebanese and Syrian as well as Palestinian shepherds there was no frontier. During the Ottoman Empire they spoke of “arranging” a meadow ahead of their flock for the safety of the sheep. That meant uprooting poisonous herbs and thorny bushes, exterminating scorpions, vipers, and other “enemies” of the sheep.”³⁰ God, *Jehovah-Nissi*, the Lord our Banner, prepares a table for his sheep even in the presence of deadly and destructive enemies.

When the sheep came into the fold in the evening the shepherd was responsible for inspecting the sheep for parasites, snakebites or any other injuries. “The shepherd

²⁷ Terrein, *The Psalms*, 241.

²⁸ Wiersbe, *The Bible Exposition Commentary*, 137.

²⁹ Harris, Archer, and Waltke, *Theological Wordbook of the Old Testament*, 695.

³⁰ Terrein, *The Psalms*, 241.

would anoint the wounded area with oil to foster healing.” According to Keller, flies laying eggs in their nose would pester sheep and the worms would work their way up into their heads. For relief, sheep would beat their heads against the tree, rocks, or posts. They would eventually go blind and even die. Sheep run from flies and will eventually drop from exhaustion. The antidote for this problem was linseed oil mixed with sulfur and tar. The shepherd would apply this to the head, nose, tail, area, and even the feet because the flies could lay eggs in the hoofs. The oil acted as a repellant to pests.³¹ Oil in the Bible was used for healing and medical purposes for people who were wounded or sick (Jas 5:14). It was also used for coronation of royalty (1 Sm 15:1; 1 Kgs 1:34; 1 Kgs 19:5).

Psalm 23:6 states, “Surely goodness and mercy shall follow me all the days of my life: and I will dwell in the house of the Lord forever.” A weak or exhausted sheep may be continuously pursued by a predator until its demise. The psalmist makes it clear that the pursuit of those who have *Yahweh* as their shepherd will not be pursued by predators but by now they will be accompanied by “goodness” and “mercy.” Throughout this psalm the blessing for the sheep was connected to following the shepherd. Now in this verse the paradigm shifts and the heavenly attendants of “goodness” and “mercy” are now pursuing the sheep. The Hebrew word for “goodness” is *towb*. It can be translated as welfare; prosperity, pleasant or delightful. The Hebrew word for “mercy” is *hesed*. It can be translated as mercy, kindness, goodness, favor.³² The Hebrew word for “follow” is *radaph*. It can be translated as “pursue, behind, follow after, chase hound.”³³

³¹ Keller, *A Shepherd Looks at Psalm 23*, 115.

³² Harris, Archer, and Waltke, *Theological Wordbook of the Old Testament*, 305.

³³ Harris, Archer, and Waltke, *Theological Wordbook of the Old Testament*, 834.

The implication that this was a covenant relationship with the Lord is indicated in this text. Goodness is a covenant term, as found in ancient Near Eastern usage, indicating the amity established by treaty. In Israel, the mercy of God (*hesed*) could also be defined as covenant love. God's goodness and mercy, blessing and love are a promise to be enjoyed with the utmost confidence.³⁴

The end result of following the shepherd is "living in the house of the Lord forever." The shepherd brings the sheep from "green pastures" and "still waters" all the way to the "house of the Lord." "Some scholars take verse 6b very literally, and conclude that the psalmist was one of the Temple personnel or that he or she spent the night in the Temple during a distressing time to await a reassuring oracle. It is likely that the psalmist was metaphorically speaking of a perpetual stay with God.³⁵ According to Terrien, "the psalmist would be thinking not of life eternal, beyond death but of the last years of his terrestrial existence, when he may no longer have the strength to roam around vales and hillocks, like the sheep and shepherd of the pastoral metaphor."³⁶

The reference to the house of the Lord has been taken by some to mean the temple. Anna never left the temple (Lk 2:37). It is better, however to consider that here we have a metaphor for living daily in companionship with God, not a literal dwelling in the temple. But is the writer affirming his anticipation of life with God for eternity? The expression "forever" in the text is literally, "length of days" and in Psalm 91:16 it is translated "long life."

³⁴ S. Edward Tesh and Walter Zorn, *The College Press NIV Commentary: Psalms*, vol. 1 (Joplin, MO: College Press, 1999), 213.

³⁵ J. Clinton McCan, *The New Interpreter's Bible: A Commentary in Twelve Volumes*, vol. 5 (Nashville, TN: Abingdon, 1996), 769.

³⁶ Terrien, *The Psalms*, 242.

However, we must not underestimate the magnitude of the experience that had been his in the fellowship of *Yahweh*, the living God. That is what the psalm is all about. Is it reasonable to suppose that this would be terminated by death? Would his experience not rather inspire confidence that God's care for him would continue for all time to come, even beyond the grave. The sheep would be safely in the master's fold; the journey of the pilgrim would be ended; the child of God would be at peace in the father's house.³⁷

New Testament

For I am already being poured out like a drink offering, and the time has come for my departure. I have fought the good fight, I have finished the race, I have kept the faith. Now there is in store for me the crown of righteousness, which the Lord, the righteous Judge, will award to me on that day--and not only to me, but also to all who have longed for his appearing (2 Tm 4:6-8).

The New Testament letters, which bear the names of Timothy and of Titus, have been styled, for at least a century, "The Pastoral Epistles." This title distinguishes them from letters like James and First John, which were written to Christians in general, from others like Philippians and Colossians, which were addressed to certain churches, or from strictly personal communications such as Philemon.

These letters were written to provide guidance and encouragement to men who were leading recently founded Christian congregation. Paul addressed them personally yet they contain a sense of official direction that aided these pastors with the care of their churches. According to Charles Erdman, they are therefore, properly called "Pastoral

³⁷ Tesh and Zorn, *NIV Commentary*, vol. 1, 214.

Epistles,” both because of their content, and by way of eminence; for there exists elsewhere no comparable guides in pastoral service.³⁸

“The Epistles to Timothy and Titus were first formally called “Pastoral by Paul Anton (of Halle) in 1726 but the appropriateness of the adjective has won it general acceptance; a pastor for the instruction wrote these letters to pastors. They deal with a pastor’s organization and care of his flock or his own Christian life; even the passages relating Paul’s personal experiences are so worded as to presents him as the ideal pastor, the model for all others.³⁹

Charles Erdman, illustrates the passion woven throughout Paul’s second letter to Timothy.

The Second Epistle written by the apostle Paul to Timothy is the most personal of the Pastoral Epistles. Possibly no other of the New Testament letters makes so tender and so pathetic an appeal. Every paragraph is suffused with emotion, every sentence throbs with the pulse beats of a human heart. Paul the dauntless missionary hero, the founder of the church`` in Asia Minor and in Europe, is now an aged prisoner in Rome, suffering deserted, despised condemned, and soon to be led for to a cruel death.⁴⁰

E. F. Scott in his description of Paul’s second letter to Timothy contends, the Epistle reaches its climax in this passage. “Paul has now bestowed his last counsels on Timothy and appointed him as his successor; nothing remains but to bid him good-bye. The passage is a uoble and touching one. For its own sake it holds a cherished place in

³⁸ Charles Erdman, *The Pastoral Epistles of Paul (I and II Timothy, Titus)* (Grand Rapids, MI: Baker, 1983), 11.

³⁹ Burton Easton, *The Pastoral Epistles: Introduction, Translation, Commentary and Word Studies* (New York, NY: Scribner’s Sons, 1947), 1.

⁴⁰ Erdman, *The Pastoral Epistles of Paul*, 91.

the memory of the Church; besides, it illuminates the whole Epistle and brings out the purpose for which it was written.⁴¹

T. C. Oden argues, “It is beyond me why some interpreters insist that the last section of Second Timothy is disjunctive with the rest of the letter. More than personal addendum, it reveals a central motivation for writing the letter. Paul mercifully saved this main point to the last, to ready Timothy for the sharp sting it contained—the signaling of Paul’s impending death, and the direct summons to Timothy to come soon. Everything had been leading up to this point; all preceding injunctions were deepened by it and made more poignant and urgent.”

This is the most intensely personal paragraph in the letter. First person pronouns abound (either “I,” “me,” or “my” occurs twenty-two times in thirteen verses, 4:6–18). Two metaphors predominate: sacrifice and departure. Paul was in effect saying: I have done what was necessary in my time; now you must do what is necessary in your time.⁴²

Background

Bakers New Testament Commentary offers three arguments for Pauline authorship of the Pastorals.⁴³ The arguments of the negative critics have been examined in detail and have been found wanting; that is, these critics have failed to prove that Paul could not

⁴¹ E. F. Scott, *The Moffat New Testament Commentary: The Pastoral Epistles* (London, UK: Hodder and Stoughton, 1947), 131.

⁴² T. C. Oden, *1 and 2 Timothy and Titus* (Louisville, KY: J. Knox Press, 1989), 170.

⁴³ William Hendricksen, *Baker’s New Testament Commentary: Exposition of 1 and 2 Thessalonians, 1 and 2 Timothy and Titus* (Grand Rapids, MI: Baker, 1979), 111.

have written the Pastorals. According to the evidence of the epistles themselves the author was no one else than the apostle Paul.

1. Within the Orthodox Church there is uniform tradition ascribing the Pastorals to the apostle Paul.
2. This tradition can be traced back from Eusebius at the beginning of the fourth century to Ireneus and the Muratorian Fragment at the close of the second. Moreover, the Pastorals are included not only in *this* list (the Muratorian) but in *all* the ancient lists of Pauline epistles, and also in *all* the manuscripts and versions that have come down to us.
3. Even in the period A. D. 90-180 we find clear evidence that 1 and 2 Timothy and Titus were already in existence, and were held in high esteem as the very word of God, and were being paraphrased. It is true that these early witnesses do not mention Paul by name as author. Not mentioning authors of New Testament book by name is rather characteristic of them. They and their readers were living so close to the time of the apostles this was not considered necessary. Hence all the historical evidence points to Paul as the one during the period 63-67 A.D. was in a real sense the responsible author of these three little gems.⁴⁴

Vincent suggests, "The three letters are closely allied, and stand or fall together.

While each has its peculiarities, they contain considerable common matter; and their general situation and aim are substantially the same. They oppose heresies; seek to establish a definite church polity, and urge adherence to traditional doctrine. Their style is similar. Certain expressions, which occur nowhere else in the New Testament are found in all three. Whole sentences are in almost verbal agreement. They exhibit certain resemblances to the Pauline Epistles, notably to Romans. If the writer is not Paul, he is manifestly familiar with Paul's teachings.⁴⁵

⁴⁴ Hendricksen, *Baker's New Testament Commentary*, 113.

⁴⁵ M. R. Vincent, *Word Studies in the New Testament*, vol. 4 (New York, NY: Charles Scribner's Sons, 1887), 185.

Easton argues against the probability of Pauline authorship of the Pastorals. He contends, the pastoral epistles were written later in Paul's life than his other letters, if Paul actually authored them at all. His rationale for this position is the more advanced church polity and an incontrovertibly divergence in concepts, style and vocabulary. He further contends, if Timothy at the time of Paul's martyrdom needed to be warned to flee for "youthful desires" (2 Tm 2:22) and to turn away from "lovers of self, lovers of money, (2 Tm 3:25) or to be exhorted to teach only "sound doctrine," then Timothy would be a completely hopeless case; if Paul had not taught him these things in the ten years of tutelage.

He continues to prove his point by pointing out that the author in 2 Timothy 1:5, he speaks only of Timothy's mother and grandmother. His father, and unconverted Greek is noticeably unrecognized in that text. Yet in 2 Tm 3:15 he ignores the fact that Eunice by her marriage to a Greek had cut herself off from her religion; how could she bring up her boy with an intimate knowledge of the Scriptures which denounced her apostasy and his uncircumcised state?⁴⁶ Ralph Earle argues against Pauline authorship of the pastorals and poses four arguments for scholastic consideration.⁴⁷

His first argument is historical. According to Earle, the events in the Pastoral Epistles do not fit into the accounts in Acts. Nowhere in Acts do we read about Paul preaching in Crete and leaving Titus (1 Tm 1:5). "Both 1 and 2 Timothy began with a clear statement that Paul is their author (1 Tm 1:1-2; 2 Tm 1:1-2). "There are few New

⁴⁶ Easton, *The Pastoral Epistles*, 10-11.

⁴⁷ R. Earle, *The Expositors Bible Commentary*, vol. 11, ed. Frank Gaebelein (Grand Rapids, MI: Zondervan, 1978), 341.

Testament writings, which have stronger attestation, for these Epistles were widely used from the time of Polycarp, and there are possible traces in the earlier works of Clement of Rome and Ignatius. . . . Objections to authenticity must therefore be regarded as modern innovations contrary to the strong evidence from the early Church.”⁴⁸

Recipient

Timothy was Paul’s co-worker and son in the faith (1 Tm 1:2; 2 Tm 1:2). A native of Lystra, Timothy was born to a Jewish mother and a Greek father. He was apparently converted on Paul’s first missionary journey and joined Paul’s team at a young age during the second missionary journey. (He is still considered young in the Pastoral Epistles, at which time he might have been in his mid-thirties.)

Timothy was ordained by Paul (2 Tm 1:6) and “the body of elders” (1 Tm 4:14) through the laying on of hands. He traveled with Paul and represented Paul on a number of special assignments. Out of Paul’s ten letters besides the Pastoral Epistles, Timothy is listed as co-author (a largely honorary designation) in six, and he is mentioned in a seventh.

At the time of the writing of this second Pastoral, Timothy was in Ephesus as Paul’s apostolic delegate, or personal envoy; a position which carried considerable influence because of the authority of the appointing apostle. Timothy was pastoring the Ephesian congregation on temporary assignment. Ephesus, a city on the trade route that runs along the western coast of Asia Minor, could not have been an easy church to pastor.

⁴⁸ D. Guthrie, et al., *The New Bible Dictionary* (Downers Grove, IL: Inter-Varsity Fellowship, 1996), 1282.

Paul had both extraordinary success and extraordinary opposition in Ephesus during his stay there (Acts 19). It was a center of the worship of Artemis (to the Romans, Diana), and her temple in Ephesus was one of the seven wonders of the ancient world. The Ephesian church was troubled, and Paul wanted Timothy there to bring stability and to ensure the triumph of orthodox theology and biblical beliefs.⁴⁹

Tradition says that a short time after this letter was written, Paul was taken to the outskirts of Rome on what is known as the Ostian Way, and there he was executed by beheading. Black and McClung propose Paul had three purposes in writing a second time to Timothy. The first was personal; he called for Timothy to come to Rome as quickly as possible (2 Tm 4:9, 21) and bring with him needed items, a cloak, and scrolls (Tm 4:13). These things were important, but most of all Paul longed to see Timothy again (2 Tm 1:4).

The second purpose was pastoral; Paul wrote to encourage Timothy and to steel him against the hardships that intensified persecution was sure to bring. The eventual report of Paul's martyrdom would be one of those hardships, and the apostle knew how difficult that news would be for his son-in-the-faith to hear.

The third purpose was practical; Paul wrote to sound another alarm about the false teachers who sought to divide the Ephesian congregation. Their depravity was extreme, and Paul was intent on warning Timothy of the danger they posed. It would be up to Timothy to keep the church together both theologically and organizationally. The church's integrity (literally, oneness) was at stake.⁵⁰

⁴⁹ R. Black, and R. McClung, *1 and 2 Timothy, Titus, Philemon: A Commentary for Bible Students* (Indianapolis, IN: Wesleyan Publishing House, 2004), 131-132.

⁵⁰ Black and McClung, *1 and 2 Timothy, Titus, Philemon*, 133.

Exposition

2 Timothy 4:6 states, “For I am now ready to be offered, and the time of my departure is at hand.” Paul’s last testament starts with “For,” which connects these three verses with what precedes, namely, the charge to Timothy to be faithful in his ministry. What Paul seems to be saying is that it is very necessary for Timothy to do his best in the ministry, because Paul won’t be there to help out. It is clear from the passage that Paul did not expect to survive his imprisonment. The Master is calling the older man home, and the younger man must now take over and fill the space created as a result of the older man’s departure.⁵¹

The apostle Paul is clear that death at the hands of a Roman executioner was on the horizon. He expects this prison sentence to end with death (2 Tm 4:18). “In verses one to five, Paul is urging Timothy to take the initiative because he himself is being called from the field of action and Timothy must carry on. He says, “I am now ready to be offered.” The “I” is emphatic in the Greek text. It is, “as for myself” in contradiction to Timothy and others. To translate literally, “As for myself, I am already being offered.”⁵² A martyr’s demise that was possible in his first imprisonment (Phil 1:23) has now become a very palpable.

He describes his death with terms from the offering and sacrificial system. “*For I am now ready to be offered.*” The metaphor is that of pouring out a libation in the

⁵¹ D. Arichea and H. Hatton, *A Handbook on Paul’s Letters to Timothy and to Titus* (New York, NY: United Bible Societies 1995), 244–245.

⁵² Kenneth Wuest, *Word Studies in the Greek New Testament*, vol. 2 (Grand Rapids, MI: Eerdmans, 1978), 31.

sanctuary around the base of the altar—the last act of a sacrifice. Paul literally says I am already poured out as a libation. He references the Old Testament “drink offering.”

There are five Levitical offerings mentioned in the Old Testament. The burnt offering (Gn 8:20; 22; 2-13; Ex 40:6-29; Lev 1:1-17; 4:7-24; 6:9-30; 7:2-37; 8:17-28; 9:1-24; Nm 7:15-87; 28:3-31; 29:2-39). The peace offering (Ex 20:24; 24:5; 29:28; 32:6; Lev 3:1-9; 4:10-35; 7:11-37; Nm 6:14-26; 7:17-88; 10:10; 15:8; 30:4-14; Dt 20:11-12).

The drink offering is first mentioned in Genesis 35:14, “And Jacob set up a pillar in the place where he talked with him, even a pillar of stone: and he poured a drink offering thereon, and he poured oil thereon.” The next mention of the “drink offering” is in connection with the continual burnt offering (Ex 29:38-40; Nm 28:3-8). The drink offering was also an intricate part of the Nazarite vow (Nm 6:1-21). The drink offering was offered during the feasts of Israel (Lev 23:13, 18, 37).

The drink offering is referenced in historical books of the Old Testament (1 Chr 29:21; 2 Kgs 16:13-15; 2 Chr 29: 25; Ezr 7:17). The drink offering is referenced in the prophetic books of the Old Testament (Is 57:6; Jer 7:18; 19:13; 32:39; 44:17-19, 25; Ez 20:28; Jl 1:9, 13; 2: 14). The drink offering is mentioned the New Testament in two books (Phil 2:17 and 2 Tm 4:6). According to the Law the drink offering was not to be offered by itself. When a lamb was sacrificed, the required amount of libation was one-fourth of a hin of wine (1 hin equaled slightly more than 1 gallon).

When the offering was a ram, the required amount of libation was one-third of a hin of wine; and when it was a bull the prescribed amount was one-half a hin of wine

(Nm 15:1-13). The drink offering was the lesser part of the sacrifice that was poured on the more important part of the sacrifice.

In the Philippians passage Paul wrote, “But even if am being like a drink offering on the sacrifice...” In 2 Timothy he wrote, “For I am already being poured out as a drink offering.” In both texts this one word in the Greek text, σπένδομαι (spendomai). These are the only two places this word is used the New Testament. Paul argues, the process has already begun and the wheels were already in motion. Nero’s chopping block was an inescapable part of Paul’s future.

“He knew it would not be by crucifixion, for a citizen of the Roman Empire was not crucified. If the death penalty were demanded by the State, it would be decapitation, hence the figurative reference to libation.”⁵³ The tense of the verb shows that the sacrificing action was currently in process, not having yet been completed, but already begun. While Paul knew that he might still have another winter of imprisonment, it is as if he was already being offered up. In Greek and Roman practice, liquid (wine for the Olympian gods and water for the chthonic deities) was poured onto the ground for sacrifice. Initially this was done at cult sites and on special occasions, but later it became a common practice at meal. The Hebrews also adopted the practice in their temple sacrifices with the sprinkling of blood on altar and earth on at the Day of Atonement and on Passover. They did the same with water at the Feast of Tabernacles and used water and wine on other feasts.⁵⁴

⁵³ Wuest, *Word Studies in the Greek New Testament*, vol. 2, 31.

⁵⁴ Benjamin Fiore, *The Pastoral Epistles, First Timothy, Second Timothy, Titus*, ed. Daniel J. Harrington (Collegeville, MN: Liturgical Press, 2007), 179.

The apostle Paul is transparent and forthright with himself and his son in the ministry Timothy regarding his imminent death. Many translations make this information explicit; for example, NEB “my life is being poured out on the altar,” NRSV: “I am already being poured out as a libation” (compare JB), NIV “being poured out as a drink offering,” Phillips “the last drops of my life are being poured out for God.” In languages that cannot use the figure of “life being poured out,” one may say, for example, “The time has come for me to give up my life as if it’s poured out on an altar.”⁵⁵

Paul reminds Timothy that the work is always greater than the worker. The servant may pass but the service must continue. No one is indispensable in the economy of God’s kingdom. After the death of Eli God raised up Samuel. Joshua provides leadership after the death of Moses. When Elijah is taken up in the whirlwind a double portion of his prophetic mantle falls on Elisha. Now since Paul is preparing to depart his protégé Timothy is given instructions on how to proceed with the ministry. John Wesley once said, ‘God buries his workmen, but carries on his work.

The Greek word for departure is ἀναλυσις (analysis). This is the only time this word is used in the New Testament. “Departure” was a common euphemism for death. Ἀναλυσις can also be translated as “unloose.” It was a nautical term that speaks of loosing a ship from its moorings or pulling up an anchor and a ship sailing away.

It was also a military term, which speaks of soldiers breaking down a tent to move on to the next camp. Wuest argues, the apostle Paul had the military idiom on mind as a result of being imprisoned in a military camp.⁵⁶ He uses the same metaphor in 2

⁵⁵ Arichea and Hatton, *A Handbook on Paul’s Letters to Timothy and to Titus*, 245.

⁵⁶ Wuest, *Word Studies in the Greek New Testament*, vol. 2, 32.

Corinthians 5:1-8 where he compared the death of the believer to the taking down of a tabernacle or tent in order to gain a glorified body.

Paul understood that his death was release from his body; a dissolution. He is talking about his departure from life. He understood this as being released, the release of his life from his body in death. He does not seem to be grim, or defeated or inwardly despairing picture of himself. He sees himself as having lived a purposeful life, now living out a purposeful death, in another of many events of witness (*marturia*). As if already ticketed for a journey, he stands waiting for the hour of departure, ready for the anchor to be hoisted.⁵⁷

2 Timothy 4:7 states, “I have fought a good a fight, I have finished my course, I have kept the faith” The apostle Paul employs many illustrations to describe the effort that must be put forth in order to live a life that is pleasing to God. He describes Christians as being soldiers. He reminds those at Ephesus to put on the whole armor of God (Eph 6:11-17). Paul encourages Timothy to “endure hardness as a good soldier of Christ” (2 Tm 2:3). Paul addressed the lack of unity in the church and metaphorically described the church as a body. The body has many members but they all work together cohesively for the good of the entire body (1 Cor 12:12).

From the earliest literature athletic metaphors have been part of Greek philosophical discourse. Using athletic metaphors to describe oneself as patient, strong-willed, noble in spirit was a common tactic of Stoic philosophers from earliest Stoicism to first century writers such as Epictetus, Seneca, and Philo.⁵⁸ Greek philosophy was in

⁵⁷ Oden, *1 and 2 Timothy and Titus*, 171-172.

⁵⁸ Robert Seesengood, *Competing Identities: The Athlete and Gladiator in Early Christian Literature* (London, UK: Bloomsbury Publishing, 2007), 125.

many ways born in the locker room of Athenian gymnasium. The Greek gymnasia played a pivotal role in the education and shaping of the aristocratic youth of Athens.

Using athletic metaphors to describe oneself as patient, strong-willed, noble in spirit was a common tactic of Stoic philosophers from earliest Stoicism to first century writers such as Epictetus, Seneca, and Philo. Physical prowess and athletic was a key indicator in antiquity of one's wealth, social standing and wealth.

In this pericope of scripture the Apostle Paul employs three athletic metaphors to articulate his concept of life's work. According to Earle, if we accept the dominance of the athletic metaphor here, we can paraphrase the verse like this: "I have competed well in the athletic contest of life, I have finished the race, I have kept the rules—not "fouled out" and so been disqualified from winning."⁵⁹

Like a driven and determined wrestler/boxer, he fought a good fight and like a runner he finished his race (1 Tm 6:12). One of the many illustrations the apostle Paul employed more than any other to describe the context and content of the Christian life was athletics. He uses the boxing metaphor (1 Cor 9:26) and wrestling metaphor (Eph 6:12) as well to describe the rigors of a disciple of Christ. Christianity is a life of effort.

The fight that Paul is describing, according Lenski, is not a battle, not even gladiatorial combat; it's the noble "Agon" athletic contest, the energetic striving for a prize which can be secured only by straining every muscle in masterly effort to the very last.⁶⁰

⁵⁹ Earle, *The Expositors Bible Commentary*, vol. 11, 413.

⁶⁰ R. C. H. Lenski, *The Interpretation of St. Paul's Epistles to the Colossians, to the Thessalonians, to Timothy, to Titus and to Philemon* (Columbus, OH: Lutheran Book Concern, 1937), 871.

Fight—*pukteuo*, related to *puktes*, “boxer,” means “to act like a boxer” or simply “to box,” as in the Greek games. Ancient Greek boxing did not use gloves, but fighters had thongs tied to their hands and wrists. There also were no timed rounds or a specific area in which to fight. In 1 Corinthians 9:26, the word is translated “fight.” In this passage Paul perhaps referred to the Isthmian games. Because the games were religious events, chances are he did not attend; however, he possibly witnessed the contestants practicing when he was in Corinth. He graphically described the movements of a boxer: “So fight (box) I, not as one that beateth the air.”⁶¹

In a sermon delivered in Antioch Pisidia Paul uses “course” as an athletic metaphor to describe John the Baptist’s life, path and divine purpose. “And while John was completing his course, he kept saying, ‘who do you suppose that I am? I am not he’” (Acts 13:25). Paul also references finishing his course in (Acts 20:24). He uses the word “run,” “running” or “race” (1 Cor 9:24, 26; Gal 2:2; 5:7; Phil 2:16; 2 Thes 3:1, Heb 12:1). The allusion to the rigorous training and sacrificial lifestyle of an Olympic athlete adequately describes the effort and labor that it takes to live a life that is dedicated and consecrated wholly to God.

Run-*trecheo* 1) to run; of persons in haste; of those who run a course; 2) metaphor: a) by a metaphor taken from runners in a race, to exert oneself, strive hard. b) to spend one’s strength in performing or attaining something; c) word occurs in Greek writings denoting to incur extreme peril, which it requires the exertion of all of one’s effort to overcome. It can also be translated as strive to advance, exert effort, and make

⁶¹ Walter Bauer, *BDAG Greek English Lexicon of the New Testament and Other Early Christian Literature*, 5th ed., trans. Frederick Danker (Chicago, IL: University of Chicago Press, 1979), 897.

progress. *Trecheo* is used twenty-one times in seventeen verses in the New Testament. It is used twelve times in the Pauline epistles.

Race—*stadion*—occurs seven times in the New Testament. In the Gospels (Lk 24:13; Jn 6:19; 11:18) the noun is used in its normal sense of “*stade*” or a “measure” of distance. Paul used *stadion* in 1 Corinthians 9:24 to refer to the Isthmian games so well known to the Corinthians. From this picture he made this comparison, particularly important in light of the undisciplined spirit of the Corinthian assembly: “Those who run in the stadium (race course), all run . . . but only one receives the prize” (author’s translation). Thus Paul alluded to the Corinthian Christians’ need for self-discipline as practiced by the Greek runners. Its two occurrences in Revelations (14:20 and 21:16) indicate a measurement of “*stades*.”⁶²

Athletes and coaches took an oath to follow the rules and participate honestly and with integrity. Those who were caught cheating were fined. With this money, statues of Zeus was erected. These statues were known as the Zanes. These statues were placed along the roadway to the stadium with the name of those athletes who were dishonest inscribed at the base. Each athlete had to pass by the Zanes in order to arrive at the stadium. This was a reminder to all athletes to compete ethically and honestly.

The third image is that of a steward who had faithfully guarded his boss’ deposit.⁶³ The *faith* that Paul refers to can have a number of meanings depending on its interpretation. According to Arichea and Hatton, the faith can be interpreted as “doctrine”

⁶² Bauer, *BDAG Greek English Lexicon*, 940.

⁶³ Wiersbe, *The Bible Exposition Commentary*, vol. 2, 255.

or “trust.” If faith is interpreted as “doctrine,” then what Paul is saying here is that he has preserved the Christian teaching or the Christian message and kept it free from any error.

The word “kept” according to Wuest means, “keep by guarding.” Paul guarded and contended for the faith against the Judiazers, Gnostics, the philosophers at Athens, and anyone else who sought to pollute or contaminate the *didache* that the apostle Paul received from Jesus Christ himself (2 Cor 11:23).

If faith is interpreted as “trust,” that is, as something entrusted to someone, then what Paul is saying is that he has been faithful to this ministry that has been entrusted to him. It is, however, possible that being faithful to the ministry will in fact include the first alternative, which means that the statement is meant to be general and inclusive rather than specific. A statement like “I have been faithful to the end” would then be a dynamic equivalent of what Paul is trying to convey. But in some languages it will be necessary to make the goal of “faithfulness” explicit; for example, “I have faithfully preached the Good News (or, God’s message).”⁶⁴

The apostle Paul faithfulness is made clear as he shares a laundry list of endangerments and punishments he endured for the sake of the gospel in 2 Cor 11:24-27. On five different occasions Paul received thirty nine stripes from the hands of the Jews. He was beaten with rods three times and stoned. On three different occasions the ship he was sailing on was wrecked. On his various journeys he was in perils of water, robbers, strangers as well as his own countrymen sought to hurt him. For the cause of the gospel of Christ Paul was weary, in pain, hungry, thirsty cold and naked but yet he kept the faith.

⁶⁴ Arichea, and Hatton, *A Handbook on Paul’s Letters to Timothy and to Titus*, 246.

Wuest provides a translation of verse 7, “The desperate, straining, and agonizing contest marked by its beauty of technique, I, like a wrestler, have fought to the finish, and at present am resting in its victory. My race, I, like a runner, have finished, and at present am resting at the goal. The Faith committed to my care, I, like a soldier, have kept safely through everlasting vigilance, and have delivered it again to my Captain.”⁶⁵

2 Timothy 4: 8 states, “Henceforth, there is laid up for me a crown of righteousness, which the Lord, the righteous judge, shall give me at that day: and not to me only, but unto all them also that love his appearing.” Laid up comes from the verb that means, “to store up,” “to reserve,” “to set aside,” “to preserve,” “to keep.”⁶⁶ Wreaths were used to crown the victors in the PanHellenic athletic competitions (olive at the Olympic Games at Olympia in honor of Zeus, wild celery at the Nemean Games at Nemea in the plains of Argolis in honor of Zeus and in the Isthmian Games at Corinth in honor of Poseidon, a laurel at the Pythian Games at Delphi in honor of Apollo).⁶⁷

The crown of righteousness can be interpreted in two ways: (1) the prize of victory that is awarded for a righteous life, and (2) the prize of victory that consists of righteousness itself (compare TEV “the victory prize of being put right with God”). While both are possible, the first option seems to be more appropriate, since it finds support in similar passages in the New Testament (for example, Jas 1:12; 1 Pt 5:4). Another way of translating this part of this verse, then, is “And now there is waiting for me the victory prize (or, crown of victory), because I have lived a life which is pleasing

⁶⁵ Wuest, *Word Studies from the Greek New Testament*, vol. 2, 162.

⁶⁶ Arichea and Hatton, *A Handbook on Paul's Letters to Timothy and to Titus*, 246.

⁶⁷ Fiore, *Pastoral Epistles*, 180.

to God.” Righteousness here describes a life that is lived in a right relationship with God, together with its moral and ethical qualities.⁶⁸

The triumphant contestant in the four Pan-Hellenic games received a crown or wreath as a prize for their achievements. The crowns varied at each the four games. At Olympia it was made from the wild olive tree that grew behind the Temple of Zeus; and a boy, of whose parents were both alive, cut the branches for the wreaths with a golden sickle.⁶⁹ At Delphi the victor received a wreath of apples; at the isthmian games a wreath of pine and at Nemean games a wreath of parsley. These crowns were temporal and faded away. Time diminished their value and eventually the natural deterioration process would cause them to become brittle and useless. In the athletic competitions many contestants competed but only one individual was able to receive the prize.

When an athletic event was completed, a herald proclaimed aloud the name of the victor and the city from which he came. He was presented with a palm branch by the judges, and the prizes were given out on the last day of the games. It came to be customary to give the winners a wreath made from the leaves of what was considered to be the sacred wild olive tree. Paul refers to the incorruptible nature of the Christian's reward—crown in contrast to the perishable character of the prize in the Greek games Paul compares the crowns that were rewarded to the athletes who were victorious to the reward that believers will receive at the end of the Christian race.⁷⁰ There is a glaring

⁶⁸ Arichea and Hatton, *A Handbook on Paul's Letters to Timothy and to Titus*, 246.

⁶⁹ N. Gardiner, *Greek Athletic Sports and Festivals* (London, UK: McMillian and Co., 1910), 48.

⁷⁰ E. Craig and S. Porter, *Dictionary of New Testament Background* (Downers Grove, IL: InterVarsity Press, 2000), 211.

difference between the two crowns. In the Christian race all who run and “finish their race” receive a crown from the righteous judge, Jesus himself.

Wuest translates verse 8: “Henceforth, there is reserved for me the victor’s laurel wreath of righteousness, which the Lord will award me on that day, the just Umpire, and not only to me but also to all those who have loved His appearing and as a result have their love fixed on it.”⁷¹

⁷¹ Wuest, *Word Studies from the Greek New Testament*, vol. 2, 162.

CHAPTER THREE

HISTORICAL FOUNDATIONS

Throughout the history of humanity, the dying process usually occurred in the confines of a home and in the presence of family and loved ones. Even today surveys report that 90% of Americans would prefer to die at home in familiar surroundings with family and friends at the bedside. Death was viewed and embraced as a natural occurrence. Physicians and medicine of centuries past and gone were not capable of providing the life sustaining measures, which are so prevalent in modern society. The care that was once provided by family and loved ones to the sick and ailing has been replaced by medical professionals in sterile, cold, and impersonal institutional settings.

Prior to the advent of modern medicine, the local doctor would come to the home of the dying patient, along with clergy and family members to provide care during the last days of life. Before the widespread use of antibiotics, aggressive treatment for disease and advances in medical technology, people died at a younger age and without much warning. Physicians could do little to cure the patient, but they could visit the dying and attempt to alleviate any suffering. People convalesced at home and were rarely “rushed” to the hospital. They convalesced in familiar surroundings under the care of family, loved ones, clergy and their family physician.

This paradigm has taken a very noticeable shift. Great advances in medicine and medical technology occurred after the Second World War. A seemingly unidentified and unspoken goal was to keep the patient alive at any cost. Regardless of the emotional, spiritual or physical distress the patient endured it appeared death was not an option. “Unrealistic optimism led to a “conspiracy of silence” where the patient and medical staff knew the truth, but withheld it from the patient.¹

Approximately 70% of people in America will die in an institution removed from intimate surroundings and everything familiar. “In a Western industrialized democracy, death is no longer just a natural process, but a technological event that occurs when aggressive medical treatment is stopped.”² Death and the dying process have become impersonal and depersonalized.

Molly Haskell’s, a journalist, husband was gravely ill in the ICU at a New York hospital. The ICU, she reports:

Was like an airship, suspended in space with only the whirring and clicking of machines surrounding mummy-like patients who were lined up side by side, with tubes of the most expensive lifesaving machinery in the world reaching like tentacles into every orifice, and with their faces, peering out from oxygen masks, unrecognizable as to sex and age. They weren’t humans but cyborgs, half man-half machine, new arrivals on display from the planet near death.³

What can be done when there is no cure for a terminal disease? When all the medicines and treatments have been exhausted? Care! When a terminal diagnosis with a life expectancy of six months or less given normal disease progression has been given the

¹ B. G. Glasser and A. L. Strauss, *Awareness of Dying* (Chicago, IL: Adeline, 1965), 23.

² David Smith, *Partnership with the Dying: Where Medicine and Ministry Should Meet* (New York, NY: Rowman and Littlefield, 2005), 1.

³ Molly Haskell, *Love and Other Infectious Diseases* (New York, NY: William Morrow, 1990), 149-159.

answer is to care. When cure is no longer possible; the normal human response is to say “there is nothing else we can do.” There is always something we can do. We can care when curing is no longer a viable option in the hospice model caring moves to the forefront. Hospice is the consummate response to the depersonalization of death that occurs so frequently in impersonal institutions.

What is hospice? “Hospice is not easy to define. It has been characterized as a caring community. It is a program for the terminally ill and their families. It is a philosophy of “providing an environment in which to die, but not of actively prolonging life or accelerating death”⁴

Hospice according to Sandol Stoddard is, “the best of traditional medicine with an awareness of the complexity of the human spirit, with careful and caring attention to the multidimensional needs of patient, family, and caregivers.”⁵ Randall Otto defines hospice as, “an approach to care that is designed to support the physical, psychosocial, and spiritual needs of people who are terminally ill. It is a physician-directed, nurse-coordinated, interdisciplinary approach to patient care available twenty-four hours a day, seven days a week. Its goal is to allow the dying process to unfold with a minimum of discomfort and to maintain patient dignity and quality of life to the end.”⁶

Paul Irion argues, Hospice has provided a support system that enables a way of dying by living to the fullest in the months and weeks that remain. It has enabled patients

⁴ Hillhaven Hospice, *Hillhaven Hospice Medical Newsletter*, Hillhaven Hospice in Tucson, Arizona, 1, no. 1, 2.

⁵ S. Stoddard, *The Hospice Movement: A Better Way of Caring* (New York, NY: Vintage, 1992), 3.

⁶ R. Otto, “Care for the Dying: The Church and Hospice,” *Quodlibet Journal* 3, no. 2 (Spring 2001): 66.

and families to deal together with this crisis that involves them all. It has used methods of medication that enable most patients to be free of oppressive pain. It has expressed a concern for all facets of the patient's life—a holistic approach to living and dying.⁷

Paul M. Dubois defines hospice as “A program, which provides palliative and supportive care for terminally ill patients and their families, either directly or on a consulting basis with the patient's physician or another community agency such as a visiting nurse association. Originally a medieval name for a way station for pilgrims and travelers where they can be replenished, refreshed, and cared for; used here for an organized program for people going through life's last station. The whole family is considered the unit of care and care extends through the mourning process.”⁸

The word hospice comes from the Latin word *hospitium*, meaning hospitality and from the old French word *hospes*, or host. Today the word is used to identify a program of care for individuals and their families facing a terminal illness.⁹

Kenneth P. Cohen points out that hospice are a program for palliative care, not necessarily a facility. Hospice care can be provided in home, in a separate free standing facility, as a department of a general acute-care hospital, as a multidisciplinary team of care givers that serves the patients wherever they may be housed in a general-acute hospital, or as a separate facility attached either physically or organizationally to a general hospital.¹⁰

⁷ P. Irion, *Hospice and Ministry* (Nashville, TN: Abingdon, 1988), 16.

⁸ Paul M. DuBois, *The Hospice Way of Death* (New York, NY: Human Sciences Press, 1980), 13.

⁹ Stephen Conuer, *Hospice: Practice, Pitfalls and Promise* (Washington DC: Taylor and Francis, 1997), 1.

¹⁰ Kenneth P. Cohen, *Hospice: Prescription for Terminal Care* (Germantown, MD: Aspen Systems Corporation, 1979), 2-3.

According to The National Hospice Organization, hospice affirms life. Hospice exists to provide support and care for persons in the last phases of incurable disease so they might live as fully and comfortably as possible. Hospice recognizes dying as a normal process whether or not resulting from a disease. Hospice neither hastens nor postpones death. Hospice exist in the hope and belief that, through appropriate care and promotion of a caring community sensitive to their needs, patients, and families may be free to attain a degree of mental and spiritual preparation for death that is satisfactory for them.¹¹

From Hospitals to Hospice

India and Egypt are two of the earliest civilizations that provided care for the sick in boorish facilities that could be described as a hospital. In the sixth century B.C., Buddha appointed a physician for every ten villages and built hospitals for the crippled and the poor; his sons built shelters for the diseased and for pregnant women. Hospitals existed in Ceylon as early as 437 B.C.¹²

The most outstanding of the early hospitals in India were eighteen institutions built by King Asoka (273-232 B.C.). These are historically significant because of characteristics similar to those of the modern hospital or hospice. The attendants were ordered to give gentle care to the sick, to furnish them with fresh fruits and vegetables, to prepare medicines, to give massages, and to keep their own persons clean. Hindu

¹¹ A. Munley, *The Hospice Alternative* (New York, NY: Basic Books, 1983), 320.

¹² Malcolm T. MacEachern, *Hospital Organization and Management* (Berwyn, IL: Physicians' Record Co., 1962), 1.

physicians were required to take daily baths, keep their hair and nails short, wear white clothes, and promise that they would respect the confidence of their patients¹³

In early Egypt many times the priest also functioned as the physician. Medical treatment was provided in the home while the temple provided care for the poor, diseased, orphaned and others that were pushed to the margins of society. Early Greek and Roman temples were also used to provide refuge for the sick. One of these sanctuaries, dedicated to Aesculapius, Greek god of medicine, is said to have existed as early as 1134 B.C. at Titane. Ruins still attest to the existence of another, more famous Greek temple built several centuries later in Hieron, or sacred grove, at Epidaurus.

Here the sick were ministered to in body and soul. The medicaments prescribed were salt, honey, and water from the sacred spring. To speed the cure they had hot and cold baths. Important in treatment were long hours of sunshine and sea air combined with pleasant vistas. What might be described, as the first clinical records were the columns of this temple at Epidaurus, upon which were inscribed the names of patients, brief histories of their cases, and comments as to whether or not they were cured.¹⁴

The development of hospitals grew out of religious conviction. Jesus preached on love and compassion, which in turn was an impetus for the establishment of hospitals and care for the sick. The Christian hospitals replaced those in Greece and Rome. The decree of Constantinople in 335 closed the Aesculapia and stimulated the building of Christian hospitals, which, during the fourth and fifth centuries, reached the peak of their

¹³ MacEachern, *Hospital Organization and Management*, 2.

¹⁴ MacEachern, *Hospital Organization and Management*, 3.

development. Many were erected by rulers of the period or by wealthy Romans converted to Christianity. Justinian was instrumental in building the great hospital of St. Basil at Caesarea in 369, a veritable community for the sick, the aged and the orphans. The following year saw the building of a Christian hospital at Constantinople, where two wealthy deaconesses nursed the sick. A prominent Roman matron, Tabiola, endowed a public hospital in Rome in 390. At Edessa, Hippo, and Ephesus, Christians founded others.¹⁵

Religion continued to be the dominant force behind the care of the sick and dying,. The hospitals of the middle ages were primarily spiritual or ecclesiastical and the medical care was ancillary. The focus was on relief with little or no attempt to cure. The soul of the infirmed was the consummate and premier and the body was tertiary a concern.

The inception of hospice goes as far back to the first century church. It finds its roots in the ancient (*hospitiuim*) hospital which served as a resting place or “way station” for the (*hospes*) the guest/pilgrim on their way to or from a pilgrimage The first hospices were the early Christian hospitals set up to care for all the unfortunates, orphans, the aged, the sick and wayfarers traveling between cities or to holy places on pilgrimages.

The concept of hospice began with work of St. Fabiola, a disciple of Jerome. Fabiola renounced all of her worldly goods in order to devote her immense wealth to the care of the sick, dying and pilgrims on their way to and from Africa over 2,000 years ago. She erected a *hospitiuim* in Rome and personally waited on (*hospes*) pilgrims on their journey and patients that were rejected by society because of their body altering diseases.

¹⁵ MacEachern, *Hospital Organization and Management*, 4.

The word *hospital* is derived from Latin *hospitalis*, meaning, “of a guest” and *hospes*, meaning, “a guest.” The French *hospice* is derived from the Latin *hospitium*, which was a place in which a guest was received. The English word *hospital* comes from the Old French *hospitale*, as do the words *hostel*, and *hotel*, all originally derived from Latin. The etymology of *hospital*, *hotel*, *hostel*, and *hospice* shows that although these words are now used with different meanings, they were at one time used in the same sense¹⁶

In A.D. 361, Julian the Apostate, makes note of the resiliency of Christians and their willingness to care for others even in the face persecution. Julian sites examples such as being fed to lions, burned alive and nailed to crosses. Julian describes Christians:

They are a queer people indeed. They wash the wounds of lepers, and give them food. They embrace the most utterly useless members of society—the poor, the orphans, the prisoners, the dying, and the blind. Every human wreck and stray mendicant in Rome—Christian, Jew, pagan, believer or nonbeliever—is in some mysterious way their friend.¹⁷

There were numerous monastic “way stations” for weary and sick travelers such as the hospice of Turmanin that was founded A.D. 475 in Syria, St. Galls in Switzerland, and the Hospice de Beaune in France and a plethora of other hostels that provided care for the pilgrims, the sick and dying.

During the Crusades, *hospitia*, or travelers’ rests and infirmaries, began to spring up adjacent to monasteries to provide food and temporary shelter for weary travelers and pilgrims, The hospices of Great St. Bernard and Little St, Bernard, were located at two high passes across the Swiss Alps. St. Bernard of Menthon founded the Great St. Bernard

¹⁶ Cohen, *Hospice: Prescription for Terminal Care*, 13.

¹⁷ Stoddard, *The Hospice Movement: A Better Way of Caring*, 25.

Hospice, at an elevation of 8,110 feet, in the 1000's. Here Augustine monks still offer refuge for travelers, and during the severe winter months, the monks and their famous St. Bernard dogs save the lives of many snowbound wayfarers as they have for nearly a thousand years. Many summer travelers continue to visit this hospice, which has room for over 300 guests. Little St. Bernard lies about twenty-five miles southwest of Great St. Bernard. Little St. Bernard Hospice dates from 962 and it is nestled in the pass at an elevation of 7,170 feet.¹⁸

According to MacEachern, "Pestilence and disease were more potent in defeating the crusaders than were the sword of the Saracens."¹⁹ As a result numerous military hospitals were founded to meet the increasing needs of care for crusaders. These hospitals were placed along well-traveled roads and key river crossings. Probably the most well-known *hospitiuims* in the Middle Ages was operated by the Knights Hospitallers of the Order of St. John in the twelfth century.

The purpose of the order from its inception (about 1065) was the care of the needy and sick. At first there was no thought of it becoming military in character. However, one of the duties in the care of the sick is their protection from enemies, and the Knights found it necessary to defend their hospital against the enemies of their Faith. They were first organized military medical officers and they bore their full share on the field of battle.²⁰

¹⁸ Franklin Erickson, "St. Bernard the Great, and St. Bernard the Little," *World Book Encyclopedia*, 1967.

¹⁹ MacEachern, *Hospital Organization and Management*, 6.

²⁰ Edgar Hume, *Medical Work of the Knights of Hospitallers of St. John of Jerusalem* (Baltimore, MD: John Hopkins University Press, 1940), 3.

The Knights Hospitallers of St. John of Jerusalem founded a way station in Jerusalem for sick and weary pilgrims but were forced by the Crusades to move on to Tyre, and then to Acre and eventually to the island of Cyprus. In 1309 the Knights Hospitallers founded a *hospitium* in Rhodes and cared for the sick, incurable, and pilgrims. The knights treated everyone royally and with the utmost dignity. If a knight was found to be unkind or neglected the needs of a patient in anyway, they were put on bread and water for a week, and flogged twice a week; once on Wednesday and once on Sunday.²¹ Each (*hospes*) patient was provided the finest food, linen, and treatment the order could offer. The wisest of physicians visited them and each evening a priest led the patients in evening prayers.

The knights found spiritual fulfillment and nourishment in the labor of ministering to the sick and dying. One of the statutes for the care of sick pilgrims by the Knights Hospitaller of the order of St. John captured the intensity of the work of the Knights:

How Our Lords the Sick Should be Received and Served

When the sick man shall come . . . let him be carried to bed and there . . . each day before the brethren go to eat, let him be refreshed with food charitably according to the ability of the house. The beds of the sick should be made as long and as broad as is most convenient for repose, and each bed should be covered with its own coverlet . . . and each bed should have its own sheets . . . Little cradles should be made for the babies of women pilgrims born in the house . . . The Commanders of the houses should serve the sick cheerfully, and should do their duty by them, and serve them without grumbling or complaining . . . Moreover, guarding and watching them day and night . . . nine sergeants show be kept at their service, who should wash their feet gently, and change their sheets . . .²²

²¹ Stoddard, *The Hospice Movement*, 34.

²² Stoddard, *The Hospice Movement*, 13.

The proliferation of leprosy during the twelfth and thirteenth century caused havoc on society and the leper became a societal problem. “The leper was driven from his fellows, unwelcome and unadmitted to any dwelling, village or town.”²³ In response to the pitiable condition, lazar houses (from Lazarus, the leprous beggar mentioned in Luke 16:20) began to spring up in profusion and supplied additional hospital facilities. These were crude structures, usually built on the outskirts of towns, and maintained for segregation of the ostracized lepers rather than for their treatment. Special attendants, members of the Order of St. Lazar, nursed the patients. In England and Scotland there were at one time some 220 of these lazar houses, and in France and Germany about 2,000 existed in each of the two countries. They actually represented great social and hygienic movements since they served to check the spread of epidemics by isolating the sufferers. To them may be credited the virtual stamping out of leprosy.²⁴

In the 17th century, through the efforts of St. Vincent DePaul, Sisters of Charity in Paris was established. They opened houses to provide care for orphans, the poor, the sick, and dying. During the Victorian period under leadership of Henry VI the masses of London petitioned the king for a place of “refuge where outcasts and the helpless may be lodged, cherished and refreshed.”²⁵

The people of London were asking for a hospice. There was an obvious void created when Henry and other rulers effectively shut down those who provided care for the sick and dying. The monasteries were shut down; their goods were dispersed and

²³ Bernard Dawson, *The History of Medicine* (London, UK: Lewis, 1931), 98.

²⁴ MacEachern, *Hospital Organization and Management*, 7.

²⁵ Stoddard, *The Hospice Movement*, 74.

placed in the king's coffers. The nursing orders were dissolved and the wayfarer had no one to care for them. At Westminster Hospital, founded in 1719, for the relief of the poor, those with incurable diseases were discharged. Only eight years after opening, the governing board of Guy's Hospital found a loophole that would allow them to discharge patients with incurable diseases, although the founder Sir Thomas Guy intended to offer shelter to all who needed it in the name of Christianity.

While the sick and dying in Europe were marginalized and over looked in America their needs were going largely unmet as well. One of the first people to take notice of the plight of those languishing from terminal diseases in particular cancer was Rose Hawthorne Lathrop. Rose was born in Lenox, Massachusetts in 1851. Her father, Nathaniel Hawthorne published *The Scarlett Letter* a year before she was born in 1850. Rose clung fastidiously to the Puritan ethics that were instilled in her by her mother and father. Rose abhorred disharmony and evil and recognized the inherent virtue of self-sacrifice. Rose suffered a series of losses that upended her life. Her father died the day before her thirteenth birthday. Her mother died when she was twenty. Some years later she married and the marriage was unstable from the start. A few years later her sister passed. The birth of a baby boy brought a measure of stability to the marriage but that was upended with the death of their son at age four.

The onslaught of tragedies led Rose and her husband to spend nearly a decade studying Catholicism and eventually she and her husband converted. Although Catholicism did not save her marriage it drastically changed her perspective on life. Rose sought to express her religious convictions in the providing ministry to the most abject

people in society. The people that she felt suffered the most were those who were stricken with a dual diagnosis of poverty and cancer.

In 1845, Rose began training at the New York Cancer Hospital. This was the first medical institution to train medical professionals regarding cancer and to even admit cancer patients. General hospitals in the area did not admit cancer patients until 1909. The New York Cancer Hospital grew and later became the world renowned Memorial Sloan Kettering Cancer Center.

Rose was made painfully aware of the obvious differences between someone who had the financial were withal and family at the bedside as opposed to someone who was poor and no family or loved ones to provide care and comfort. The gulf between the privileged and those in poverty exists even with those with cancer and throughout the dying process. She saw the vast differences between the deaths of Emma Lazarus and an unnamed seamstress. Roses' close friend Emma Lazarus, was the poet who penned the famous words chiseled into stone on the Statue of Liberty:

Give me your tired, your poor,
Your huddled masses yearning to breathe free,
The wretched refuse of your teeming shore.
Send these, the homeless, tempest-tost to me,
I lift my lamp beside the golden door!

Emma Lazarus died of cancer at the age of thirty-eight surrounded by her family and other loved ones. Rose expressed her sentiments regarding the circumstances surrounding Lazarus' death. She argues, "Though I grieved deeply for her, I would not pity her, for she never knew unaided suffering, but every amelioration."²⁶ The impoverished unnamed seamstress' experience was the polar opposite of Emma Lazarus.

²⁶ S. Himmel and F. Smith, *Changing the Way We Die: Compassionate End of Life Care and the Hospice Movement* (Berkley CA: Viva, 2013), 22.

The young lady was unmarried and all alone in New York City. Cancer forced her to quit her job, and she eventually found herself living on Blackwell's Island.

Today the island is known as Roosevelt Island, named in honor of President Franklin Deleanor Roosevelt. It has apartments with scenic views of the river, public parks, and a monument dedicated to freedom. Prior to the name change and rehabilitation, the island was a human dumping ground that housed as many as 7,000 people at a time in forbidding institution's, including a penitentiary, a poor house, and the New York City Lunatic Asylum.²⁷ This woman's tragic predicament weighed heavy on Rose's heart.

According to Rose, "There was no one to stand forth and forbid the immolation of this woman upon the altar of fraternal indifference. A fire was then lighted in my heart to do something toward preventing such inhuman regulations for those who are too forlorn to protest."²⁸

"The word "hospice" began to be used in the mid 1800's by Mrs. Jeanne Garnier, the founder of Dames de Calaire in Lyon France, to describe care given to dying patients. This term was adopted by the Sisters of Charity in Paris founded by St. Vincent DePaul. The Irish Sisters of Charity founded Our Lady's Hospice for care of the dying in Dublin, Ireland in 1879 and St. Joseph's Hospice in Hackney, London, England in 1905. Their duties included visiting the sick in their homes. The ministry of the predecessors to the modern day hospice movement was founded in the conviction of the inherent value and sanctify of human life and its creation in the "imago dei."

²⁷ Himmel and Smith, *Changing the Way We Die*, 22.

²⁸ Himmel and Smith, *Changing the Way We Die*, 22.

In the 1950, Cicely Saunders, a devout Christian, began working with the Irish Sisters of Charity at St. Joseph's Hospice. She worked there for seven years researching pain management and the total needs for dying patient. "Her philosophy of using a team to treat the whole person has become the foundation for hospice care throughout the world."²⁹ Saunders began her medical career as a nurse, then transitioned to a social worker and eventually she became a physician. After experiencing the death of a man she loved, her father and another friend Dame Saunders decided to set up her own hospice with a focus on cancer patients.

Saunders spent eleven years thinking about her own hospice. After reading Psalm 37:5, "Commit thy way unto the Lord; trust also in him; and he shall bring it to pass," she developed a comprehensive plan and sought financing. In 1967 Cicely Saunders opened St. Christopher's Hospice. St. Christopher's was founded on religious underpinnings and was named for the patron saint of travelers because; it was devoted to those whose journey in this life was nearly over.

St. Christopher's was a pioneer in the field of medicine and established a new paradigm for hospice care. Dame Saunders sought to keep patients pain free, generally alert, and in some cases rather jolly, until just before they died. She accomplished this by freely administering oral narcotics, typically in a cocktail of heroin, honey, and whiskey, or brandy if a patient preferred. She also pushed care beyond the confines of medicine to address the spiritual, psychological, social, and practical needs of her patient and their families.³⁰

²⁹ Conner, *Hospice: Practice, Pitfalls, and Promise*, 5.

³⁰ Himmel and Smith, *Changing the Way We Die*, 13.

Dame Saunders approached patient care from a multi-disciplinary approach. The team consisted of a physician, nurses, social workers, chaplains, the patient, and the patient's family. Pain management was an essential part of Saunders concept of hospice. She argues, "Constant pain needs constant control. Saunders formulated the principles for modern hospice care "respect for the patients, scientifically based symptom control, and the belief that life can be lived even in the face of death."³¹

St. Christopher's functioned as a religious foundation based on the full Christian faith in God. *Aim and Basis*, formulated the basic principles for the work that was taking place at St. Christopher's and was the underpinnings for the hospice movement.

- (1) All persons who serve in the hospice will give their own contribution in their own way; (2) dying people must find peace and be found by God, without being subjected to special pressures; (3) love is the way through, given in care, thoughtfulness, prayer, and silence; (4) such service must be group work, led by the Holy Spirit, perhaps in unexpected ways; (5) the foundation must give patients a sense of security and support, which will come through a faith radiating out from the chapel into every aspect of corporate life.³²

The Hospice Movement in America

The idea of hospice was exported from Britain to America. Two major reasons for the development of hospice in the United States was the publicity surrounding the British hospice, and the publishing of *On Death and Dying*, by Elisabeth Kubler-Ross.³³ The hospice movement in America began in 1974. Hospice Incorporated located in New

³¹ Himmel and Smith, *Changing the Way We Die*, 26.

³² H. Coward and K. Stajduhar, *Religious Understanding of a Good Death in Hospice and Palliative Care* (Albany, NY: State University of New York, 2012), 15 Kindle Edition.

³³ B. Backer, N. Hannon and N. Russell, *Death and Dying: Understanding and Care* (Albany, NY: Delmar, 1994), 113.

Haven Connecticut was the first hospice in the United States. The movement found its antecedent in relationship that developed when Florence Wald and Cicely Saunders met at Yale University in New Haven Connecticut in 1963. Saunders came to the Yale School of Medicine to discuss the new hospice work she was beginning at St. Christopher in South East London. The concept of hospice was foreign to many Americans; even those in the health care field were unfamiliar with the term. Wald worked as a nurse at Yale-New Haven Hospital and had spent more than a decade working with the dying. Wald produced a study on care for the terminally ill in the 1960's and began to gather like-minded health care professionals who were concerned with quality of health care offered to the dying in and around New Haven.

The group of founders cemented what their concept of healthcare for the dying should be, their vision manifested and Hospice Inc. was the result of their collaboration. The founding members, were Florence Wald, former dean of nursing at Yale, Reverend Ed Dobihal, Director of Department of Religious Ministries, Yale-New Haven Hospital and clinical professor of pastoral care Yale Divinity School; and Drs. Morris Wessel and Ira Goldenberg of the hospital.

Hospice Inc. was founded upon many of the principles of Saunders St. Christopher's Hospice in England. Hospice Incorporated's statement of "What is Hospice?" describes its primary purpose:

We care for those suffering from advanced cancer or similar disease. We plan to show this concern in a program designed to meet the physical and spiritual needs of those, of all ages, who are unlikely to recover from illness. These needs can be met with skilled medical and nursing care, in the use of every scientific means of relieving distress and controlling pain. This specialized attention focuses on the family as the unit of care. The unique needs of relatives will be our concern as well as the direct welfare of the patients. We maintain that this can best be achieved by providing the finest available skills of the medical, nursing and health

related professions, together with available community resources. Our aim is to provide a creative approach to meet the total health needs—physical, psychological, and spiritual—of each patient and family.³⁴

Florence Wald of Hospice Inc. in a speech given at the University of Rochester for the inauguration of the school of nursing described a 12th century hospital in England and its hospice work, “If anyone in infirm health and destitute of friends should seek admissions for a term until he shall recover, let him be gladly received and assigned a bed. In regard to the poor, people who are received late at night to go forth early in the morning, let the warden take care that their feet are washed and, as far as possible their necessities tended to.”³⁵

The National Cancer Institute was instrumental in funding Wald and Hospice Inc. following the success of Hospice Incorporated the National Cancer Institute proceeded to fund other hospices in Arizona, California, and New Jersey. The hospice movement gained momentum in America and terminally ill patients now had a viable alternative to dying in the unfamiliar surroundings and isolation of a hospital room.

Conclusion

The hospice concept developed out of the need to show hospitality to weary pilgrims, the informed, orphans, and the poor. The ethical mandate given by Jesus, to love thy neighbor as thyself played an instrumental role in the religious involvement of hospice and palliative care. Hospice further evolved out of the increasing inability of medical institutions to provide the humanistic and individualized care necessary to

³⁴ DuBois, *The Hospice Way of Death*, 85.

³⁵ F. Wald, Z. Foster, and H. Wald, “The Hospice Movement as a Healthcare Reform,” *Nursing Outlook* (March 28, 1980): 42.

comfort those who have been diagnosed with a terminal illness. The focus of hospice remains on caring rather than curing. When no cure is available caring still is necessary and appropriate.

Hospice is not a location but consists of a system of medical professionals that are equipped to meet the physical, social, emotional and spiritual needs of the patient, their families and loved ones. The hospice team, which consists of a medical doctor, social workers, chaplain, registered nurses, licensed practical nurses, aides, bereavement care coordinator and volunteers work cooperatively for the benefit of the patient. The patient is always in charge.

Hospice exists in order to prepare the patient to die with dignity in the location that they choose. Most people prefer to die at home in familiar surroundings, with loved ones and possessions they have accumulated to their life. For some patients the cold, sterile clinical setting of a hospital is not their choice. The idea of being hooked up to machines and IV's or endure needless and useless surgery is preposterous. Hospice still remains a constructive alternative to the patient for when further aggressive therapy could not promise hope of remission or a cure.³⁶ For those who prefer not to travel that route hospice is a befitting and appropriate alternative.

³⁶ W. Lamars, *Hospice Care in North America: Cancer, Stress, and Death* (New York, NY: Plenum, 1986), 137.

CHAPTER FOUR

THEOLOGICAL FOUNDATIONS

A voice says, “Cry out.” And I said, “What shall I cry?” “All people are like grass, and all their faithfulness is like the flowers of the field. The grass withers and the flowers fall, because the breath of the LORD blows on them. Surely the people are grass the grass withers and the flowers fall, but the word of our God endures forever. (Is 40:6 8). The life of mortals is like grass, they flourish like a flower of the field; the wind blows over it and it is gone, and its place remembers it no more (Ps 103:15-16).

In this chapter, I will explore a theological analysis of death. I will define death and examine what theologians have articulated regarding a theology of death. Although theologies of death, in various world religions exist, the focus of this paper will be on a Christian theology of death.

Death is an event that has initiated inquiry from every civilization that has ever existed. So powerful is the Anderson suggests, “So powerful is the event of and its demand for interpretation that it may well have been one of the first causes of religion and philosophy in primitive people.”¹ Can death be understood? This is a question that has plagued societies throughout the ages. The mystery of death is an age-old phenomenon. Death is tremendously mysterious (*mysterium tremendum*). When exactly does death take

¹ Ray Anderson, *Theology, Death, and Dying* (New York, NY: Basil Blackwell, 1986), 1.

place? Does the individual know they have died? Does the soul leave the body and the room upon the last breath or does it linger for a specified amount of time?

Death will not engage in this conversation nor answer those questions for us. Death is silent and chooses to remain mute when interrogated. Eberhard Jungel argues, “Death renders us speechless. If we are to speak about death at all, then a word must come from beyond death Christian faith makes the claim that it has heard such a word.”² Neither death nor the dead can provide answers to the plethora of questions the living have about this age-old phenomenon. No one who questions death has any answers because they have not experienced death. And no one who has answers can be questioned about death.

Death for ages has continued to occupy its place as humanities primal dread. Different cultures have perceived death in different ways. The ancient Hellenistic world had a death-accepting attitude. In the Judeo-Christian culture there is a death-defying attitude and in Western post-Christian culture there appears to be an avoidance of death in our culture. Death is a very badly kept secret. Death has been denied, repressed, and kept separate from everyday life. Bernard Kalish and others argue death has become taboo and viewed similar to the way Victorians viewed sex.

A theological inquisition into the death event from a Christian perspective opens the door to a biblical understanding of death. Any theology that ignores death is deficient at best. Richard Doss argues a theological understanding of death is necessary to respond to the questions of death's mystery. He writes:

² Eberhard Jungel, *Death: The Riddle and the Mystery*, trans. Ian and Ute Nicol (Philadelphia, PA: Westminster Press, 1974), 1.

Death calls the whole theological enterprise into question. Death forces us to examine the claim of Christian faith that in Jesus Christ a God of unconditional love offers new life and hope... And death also raises problems concerning the future, questions about a possible life after death and a final fulfillment of the goals and values experienced in this life. A theology of death must provide adequate response to these issues.³

Theology in Greek means to think about God. It is God-talk. "Theology in a Christian context is a discipline of study that seeks to understand the God revealed in the Bible and to provide a Christian understanding of reality. It seeks to understand God's creation, particularly human beings and their condition, and God's redemptive work in relation to humankind."⁴

People die every minute of every day. Death is no respecter of persons, sexual orientation, gender, or race. Both the young and the old die. There are thousands of funerals that occur every day in funeral homes and churches across America. The church and her leaders need a clear and concise understanding of the spirituality of death and how it relates to a Christians relationship with God. What does the bible say regarding death? What does God say about death? What does the church say about death? What should Christians say about death?

Ray Anderson argues:

There is no clearly defined theology of death in the Bible. This is surprising to us until we look more closely at the way in which the Bible deals with death. While the Bible takes death seriously, it does not develop a theology of death. The theme of death is expressed descriptively (as history), poetically (as lamentation and complaint), theologically (as the outcome of sin), and eschatology (as overcome through the resurrection of Jesus Christ). Yet, there is no single "theology of death" to be found as a thematic development.⁵

³ Richard Doss, *The Last Enemy* (New York, NY: Harper and Row, 1974), 19.

⁴ Millard J. Erickson, *Christian Theology*, 2nd ed. (Grand Rapids, MI: Baker, 1998), 631.

⁵ Anderson, *Theology, Death, and Dying*, 38.

Death is clearly a major life event. Seneca proclaimed in *Hercules Furnes*, “The hour, which gives us life begins to take it away.” Francis Bacon once wrote, “It is as natural to die as to be born.”⁶ Richard Lamerton proposes, dying is normal—a healthy thing to do; everyone does it! Death is not an enemy to be swatted and parried to the last grim moment.⁷

Death has been conceptualized from many different points of view. Biologically, death occurs with the total and permanent cessation of physiologically functioning. The heart stops beating, the electrical impulses of the brain stop pulsating, and the vital organs shut down. A traditional American legal definition of death was written in 1890,” death is the cessation of life; the ceasing to exist defined by physicians as a total stoppage of the circulation of the blood, and a cessation of the animal and vital functions consequent thereon, such as respiration, pulsation and so on.”⁸

According to Genesis 2:7, God made humanity a living being; God created humanity to live in harmony and fellowship with Him forever. Adam disobeyed God and sin entered into the world and the ultimate result of disobedience was death (Gn 2:17; Rom 5:12). A paradigm shift occurred and the living creature instantly became the dying creature. This was not God’s original plan. According to Ezekiel, God takes no pleasure in the death of his creation; God’s intention was and is that they continue to live not die (Ez 18:32). Sin causes separation from God because sin’s very nature stands in direct contradiction to the essence of the personhood of God (Ps 5:4-6; Is. 6:3-5; Heb 1:12-13).

⁶ Francis Bacon, *Of Death: Essaies of Sir Francis Bacon* (London, UK: John Beale, 1612), 22.

⁷ Richard Lamerton, *Care for the Dying* (Westport, CT: Technomic Publishing, 1976), 79.

⁸ Michael Simpson, *The Facts of Death* (Englewood Cliffs, NJ: Prentice-Hall, 1979), 18.

The plague of sin requires separation from God and the sinner becomes separated from God who is the source and giver of life. This separation is known as death.

Etymology of Death

Genesis is not only the beginning of God's willful self-disclosure to humanity in the Bible but it is also the beginning of theological reflection. The phrase "you shall surely die" is the first mention of death in the Old Testament. The Hebrew word *mût* is the primary word used for death in the Old Testament. It occurs over 800 times in the Old Testament. *Mût* may refer to death by natural causes or violent death. The latter may be as a penalty or otherwise. This is a universally used Semitic root for dying and death.

The Canaanites employed it as the name of the god of the death and the nether world Mot.⁹ The common Greek verb for death, ἀποθνῄσκειν (*apothnēskō*) and its related noun, θάνατος (*thanatos*) are used throughout the New Testament. According to Vines Expository Dictionary of Old and New Testament Words "Death is used in Scripture of: "A) The separation of the soul (the spiritual part of man) from the body (the mortal part) the latter ceasing to function and returning to dust, e.g., (Jn 11:13; Heb 2:15, 5:7, 7:23). B) The separation of man from God, e.g., Rom 5:12, 14, 17, 21."¹⁰

⁹ R. Harris, G. Archer, and B. Waltke, *Theological Wordbook of the Old Testament*, vol. 1 (Chicago, IL: Moody, 1980), 496.

¹⁰ W. E. Vine, *Vines Expository Dictionary of Old Testament and New Testament Words* (Nashville, TN: Thomas Nelson, 1996), 51.

Types of Death

The normative Old Testament teaching about death is presented in Genesis 3:3, where God warns Adam and Eve that death is a result of rebellion against God's commands. God's initial plan for Adam and Eve was never ending life, the introduction of death for humanity was an undesirable, but necessary as a result of disobedience.¹¹ The New Testament counterpart is found in Romans 6:23, "the wages of sin is Death." Death is the fitting wage and result of sin. There are numerous references to death in the Bible. Most of these references are related to the curse of death, which takes two forms: spiritual and physical.

The first form of death is spiritual. Spiritual death is the separation of the entire person from God. God, as a perfect holy being, cannot look upon sin or tolerate its presence.¹² Therefore, sin is an affront to the holiness of God. Sin creates a barrier between God and humanity. According to Jack Cottrell, "Spiritual death is called spiritual because it affects primarily the soul or spirit of the sinner."¹³ A person can be fully alive physically but dead spiritually. The heart can operate perfectly, the lungs can function at the optimal level of performance, and the rest of the bodily systems can work harmoniously together and the individual have no spiritual life in them Spiritual death occurs when there is a cessation of fellowship between humanity and God of life (Is 59:2; Eph 4:18).

¹¹ Harris, Archer, and Waltke, *Theological Wordbook of the Old Testament*, vol. 1, 497.

¹² Ericson, *Christian Theology*, 631.

¹³ Jack Cottrell, *The Faith Once For All* (Joplin, MO: College Press, 2002), 203.

The Bible clearly articulates the nature of those who are spiritually dead as sinners. As spiritual life, is conscious existence in communion with God, so spiritual death is conscious existence in separation from God.¹⁴ Prior to salvation we were dead in trespasses and sins, but God made us alive in Christ (Eph 2:2-5). According to I John 3:14 a trademark of being made alive spiritually is love for other Christians: Sin caused death to reign, but the death of Christ “quickens” or gives life to believers (Col 2:12; I Pt 2:24). The apostle Paul further expounds the dilemma of simultaneously being alive and spiritually dead at the same time. “But the widow who lives for pleasure is dead even while she lives.” (1Tm 5:6) Christians have generally accepted that death is the separation of the immortal soul from the mortal body. The New Catechism of the Catholic Church states, “By death the soul is separated from the body but in the resurrection, God will give incorruptible life to our body, transformed by reunion with our soul.”¹⁵

The second form of death is physical. The mortality of humanity is quite obvious. As long as the soul and the body are united there is life. The separation of the soul from the body results in physical death. The timeline of life begins with life and ends with death. The ultimate end of everyone that has ever lived has been death. Psalm 90:10 give a reasonable window on the length of life and afterwards, “we fly away.” Job describes the length of life as a “few days” (Jb 14:1).

¹⁴ W.E. Vine, *Vines Expository Dictionary of Old Testament and New Testament Words*, 67.

¹⁵ Catholic Church, *Catechism of the Catholic Church* (Collegeville, MN: The Liturgical Press, 1994), 265.

The act of disobedience by Adam and Eve in the Garden of Eden brought about spiritual death, but it also introduced physical death into the world. Sickness, disease, and the deterioration of our physical bodies began after Adams act of rebellion against God. Immediately, upon birth, the inanimate dust from which humanity had its genesis begins to call out for the reclamation of the animated dust that has been enthused by the breath of the Living God. (Gn 2:7) Regardless of how well the human body is treated it will someday return to dust. The human body is earthly (1 Cor 15:47; 2 Cor 5:1).

Death in the Old Testament

Humanity consists of a body or flesh and the body is animated by life giving breath of God (Gn 6:3; Jb 27:3; Ez 37:5, 6:14). The breath of Yahweh gives animation to the dust that God strategically designed (Gn 2:7, 6:17; 7:15; Is 42:5). When the life giving breath of Yahweh is no longer present, the body is dead (Ps 104:29; 146:4; Eccl 12:7).

The Old Testament does not provide a clear theology of death. The death of Abel by the murderous hand of his brother Cain offers no insight into a theology of death (Gn 4:8). Even after the death of Adam, (Gn 5:5) the Bible does not theologize death. There is no religious or psychological explanation of death. No format or paradigm of what should be said or done following the death of community member.

“Only in a few passages of the Old Testament, do we come across any reflection on the origin of death. The primeval history of Genesis, which seeks to answer quests of

man about the origin of many human problems, seems to give explanation that death as such is the result of disobedience of the first parents.”¹⁶

For the Hebrew people, their focus was on life and not death. The God of Israel was a God of life and not death. He is the Living God (Dt 5:26; 2 Kgs 19:4; Ps 42:3). God is not the God of the dead but of the living (Ex 3:6, 16; Mk 12:27). Life at its fullest is a life that was lived in right relationship with God. Every Hebrew wanted to enjoy the goodness of God in the land of the living (Ps 27:13) A long life is a well-lived life (Gn 15:15; Jdg 8:32; Jb 42:17). A blessed posterity is a sign of a good life (Ps 127:128).

The ideal life for the Hebrew was a life that was able to worship and hear the voice of Yahweh (Ps 63:1-4; Dt 8:3). In contrast, death is described as a place, where praising God is no longer an option (Ps 30:9; 88:6, 11; 118:17). Death therefore exists apart from the presence of God. Death is the absence of the vital life force that emanates from Yahweh.

What happens to a person at death? The Old Testament discloses at least two views. The first view conceptualizes death as the end of life. The person becomes non-existent, the disintegration of the individual with no ongoing existence (2 Sm 14:14; Jb 7:21). The person is no longer animated. The breath of God is no longer present or active in their body.

The second view, the Old Testament provides, is death is a vehicle for transition to another form of existence in the Pit (grave) or in *Sheol* (the nether world). The concept of *Sheol* is an important concept in the Old Testament. It is a Hebrew word and is

¹⁶E. C. John, *The Old Testament Understanding of Death*, accessed September 2, 2015 <http://biblicalstudies.org.uk/pdf>.

translated as “the pit,” “the grave,” “hell” and in Greek as “Hades,” Anderson argues, the Old Testament’s view of death can be summarized thus:

The power of Yahweh extends beyond the power of death: death does not have its own power and it is not autonomous as a force, which can destroy the human person. The human person still is an individual before God beyond death, and thus, still connected to the community of the living, through it is a shadowy form of existence with no vital power. Death is a threat to both the body and the soul, and, while there is no clear teaching on immortality of the person as a natural right, there is the promise and expectation of immortality through God’s promise; the hope of the dying is in God who has power to keep the life of the one. Death, therefore, has its greatest threat in depriving the person of life, which is a vital relationship to God, in which both body and soul are in integrated unity.¹⁷

Death in the New Testament

Physical death is a process as well as an event. It is the separation of the soul from the body. Physical death is the cessation of life in the physical body (Mt. 10:28; Lk 12:4,5). It may denote the gradual debilitation of physical powers (2 Cor 4:12, 16), or exposure to danger that could prove fatal (I Cor 15:31; 2 Cor. 4:10-11), as well as the actual termination of bodily functions (Rom 6:23; Heb 9:27). Life and death, according to the Scripture, are not to be thought of as existence and nonexistence, but as two different state of existence.¹⁸ Death is a transition into a different existence not extinction.

Physical death is the separation of the soul from the body; whereas spiritual death is the separation of an individual from God. Spiritual death refers to man’s natural alienation from God and hostility to God that expresses themselves in sin (Mt 8:22;

¹⁷ Anderson, *Theology, Death, and Dying*, 43.

¹⁸ Louis Berkhof, *Systematic Theology* (Grand Rapids, MI: Eerdmans, 1953), 668.

Jn 5:24-25; Js 5:20). Both physical and spiritual death is portrayed as the consequence and penalty of sin and the common lot of humanity (Rom 5:12; 6:23; 7:13; Eph 2:1, 5; Heb 9:27). The 'second death' describes the permanent separation from God that befalls those, whose names are not found written in the book of life (Rev 2:11; 20:6, 14-15; 21:8). Death to sin is that unresponsiveness to the appeal and power of sin that results from dying and rising with Christ and from being alert and responsive to the voice of God (Jn 5:24; Rom 6:4, 6, 11, 13). Spiritual death is the inability to respond to spiritual stimuli or even a total loss of sensitivity to the voice or move of God.

Resurrection

The hope for Christians, following the second coming of Christ, is a bodily resurrection. The Bible clearly promises resurrection for those who accept the salvific work of Jesus Christ. Resurrection is the central affirmation of the Christian faith that death will be defeated. The Christian faith tradition, building on the foundations of ancient Israel's belief in God as the creator and sustainer of life, answers the question of death through its testimony to the death and resurrection of Jesus Christ.¹⁹ The belief that death has been destroyed through the death, burial, and resurrection of Jesus Christ is central to the Christian faith.

The major result of the second coming of Christ is the eschatological hope that all believers will be resurrected. This belief provides hope even in the face of death. The inevitability of death is concrete, but the power of the resurrection destroys the power of death. In the gospels, Jesus addresses the error of Sadducees concerning the resurrection

¹⁹ Anderson, *Theology, Death, and Dying*, 1.

(Mt 22:29-32; Mk 12:24-27; Lk 20:34-38). John also records Jesus' teaching on the resurrection (Jn 5:25-29; 6:39-40, 44, 54; 11:24-25).

The apostle Paul addresses "sleeping saints" in two particular chapters, 1 Thessalonians 4 and 1 Corinthians 15. Paul defines those who are dead in Christ as "fallen asleep" in Christ (1 Thes 4:13-15; 1 Cor 15:6, 18, 20). The most extended presentation of the resurrection is in I Corinthians 15, "Listen, I tell you a mystery: We will not all sleep, but we will all be changed—in a flash, in the twinkling of an eye, at the last trumpet. For the trumpet will sound, the dead will be raised imperishable, and we will be changed" (1 Cor 15:51-52).

Theology of Pastoral Care

There is no greater crisis that can come to a family than the loss of one of its loved ones through death. Historically, man has always called upon whatever religious beliefs he possessed in the face of this mystery. Despite any effect secularism may have had upon the minister's role in our culture today, the preacher remains the chief figure in our society charged with the responsibility of bringing comfort to the bereaved.²⁰

Throughout history, religion/spirituality has constituted an important role in the care for the sick and terminally ill. According to Swift the role of the medical doctor was to "warn and persuade the sick to see a priest before medical treatment begins, as sickness may sometimes be the result of sin, and if the priest can remove the cause then the person will respond better to the bodily treatment."²¹ According to the French

²⁰ Dick Young and Al Meiburg, *Spiritual Therapy* (New York, NY: Harper Brothers, 1960), 61.

²¹ Chris Swift, *Hospital Chaplaincy in the Twenty-First Century: The Crisis* (London, UK: Ashgate, 2014), 10.

theologian Jacques De Virty Bird, “the first line of treatment for bodily illness was reconciliation with God, and spiritual healing and preparation for death by confession and enjoined penance preceded by bed –rest and medical treatment.”²² The concern for the expiation of sin and a proper relationship was more important than the healing of the body, in the early days of Christianity. John, the aged and beloved apostle in his third letter prayed for Gaius, “Beloved, I pray that all may go well with you and that you may be in health; I know that it is well with your soul” (3 Jn 1:2).

In the medieval hospice, the physician is seen as a doctor for the body and the chaplain is seen as a doctor for the soul. Within the palliative care economy, the clergy was a key figure. According to Rawcliffe, St. Leonard’s at York and other papal letters, stipulate, “chaplains should patrol the infirmary to ensure that those at the point of death and when death is expected receive opportunity for confession and absolution.”²³ Swift contends, that an overriding emphasis on spiritual care and spirituality permeated every detail of a medical care organization and operation during this time period. The chaplain played a vital role and the hospitals were a place of religious immersion.²⁴

Seward Hiltner, the father of the modern pastoral theology movement in the United States argues, “The study of concrete experiences like those of pastoral care should lead to a branch of study known as pastoral theology.”²⁵ Walter Brueggemann

²² A. J. Davis, “Preaching in the Thirteenth Century Hospitals,” *Journal for Medieval History* 36:1 (2010): 72-89.

²³ C. Rawcliffe, *Medicine for the Soul* (London, UK: Sutton, 1999), 105.

²⁴ Swift, *Hospital Chaplaincy in the Twenty-First Century*, 12.

²⁵ Seward Hiltner, “What We Get and Give in Pastoral Care. What We Get: Theological Understanding,” *Pastoral Psychology* 4 (June 1953): 14.

defined the enterprise of pastoral care as “nurturing folk into new metaphors.”²⁶ Wayne Oates defines pastoral care as “the Christian pastors combined fortification and confrontation of persons as persons in times of both emergency crisis and developmental crisis.”²⁷ Oates further identifies multiple situations where the dualistic nature of confrontation and fortification of pastoral care is needed. “Births, baptisms, marriages, empty-nesting, retirement, deaths, and any significant events either positive or negative can require the need for pastoral care.”²⁸ Clebsch and Jaekle argues, “Pastoral care consists of helping acts done by representative Christian persons, directed toward healing, sustaining, guiding, and reconciling of troubled persons, whose troubles arise in the context of ultimate meaning and concerns.”²⁹

American pastoral care guru, Howard Clinebell argues,

Pastoral care and counseling involve the utilization by persons in ministry of one-to-one or small group relationships to enable healing empowerment and growth to take place within individuals and their relationships...Pastoral care is the broad inclusive ministry of mutual healing and growth within a congregation and its community through the life cycle.³⁰

For James Fowler, “Pastoral care consists of all the ways a community of faith, under pastoral leadership, intentionally sponsors the awakening, shaping, rectifying, healing, and ongoing growth in vocation of Christian persons and community under the

²⁶ Walter Brueggeman, “Covenanting as Human Vocation,” *Interpretation* 33 (1979): 115-129.

²⁷ Wayne E. Oates, *New Dimensions in Pastoral Care* (Philadelphia, PA: Fortress Press, 1970), 3.

²⁸ Oates, *New Dimensions in Pastoral Care*, 4.

²⁹ W. A. Clebsch and C. R. Jaekle, *Pastoral Care in Historical Perspective* (New York, NY: Harper, 1967), 4.

³⁰ Howard Clinebell, *Basic Types of Pastoral Care and Counseling: Resources for Ministry of Healing and Growth* (London, UK: SCM, 1984), 25-26.

pressure and power of the in-breaking kingdom of God.”³¹ The vocation of the pastor is not simply a Christian vocation, but it is a human vocation. The pastoral task is not merely a job or a career, but it is a burden placed on the hearts of humanity for humanity by God. “Vocation” comes from the Latin *vocare*, “to call” and vocation.

Spirituality of Pastoral Care

Pastoral care is a daunting task for all who are in the ministry. It is impossible to effectively minister apart from the indwelling power of the Holy Spirit of God. In order to guide (shepherd) a congregation and care for wounded and hurting individuals the pastor’s life must be spiritual. This is necessary because at the heart of pastoral care is caring. Caring enough to sit at a bedside of the convalescing as a non-anxious spiritual presence. Caring enough to be a representative of the God who cares for those in prisons or hospitals who may feel that no one really cares.

Gerald Mayer argues, “Spirituality consists of an experienced and interpreted relationship among human beings and the mystery of creation. In *Spirituality for Ministry*, Urban T. Holmes defines spirituality as: “A human capacity for relationship with that which transcends sense phenomena; this relationship is perceived by the subject as an expanded or heightened consciousness independent of the subjects efforts, gives substance in the historical setting, and exhibits itself in creative actions in the world.”³²

³¹ James Fowler, *Faith Development and Pastoral Care* (Philadelphia, PA: Fortress Press, 1987), 21.

³² Urban T. Holmes, *Spirituality for Ministry* (San Francisco, CA: Harper and Row, 1982), 12.

Norman Thayer defines spirituality as “the specifically human capacity to experience, be conscious of, and relate to a dimension of power and meaning transcendent to the world of sensory reality expresses in the particularities of a given historical and social context, and leaders toward action congruent with its meaning.”³³

The Need for Self Awareness

According to Holmes’ definition, spirituality begins with a “human capacity for relationship.” Plato said that to be is to be in relation. Human beings by nature are creatures that require relationship. One must have a self in order to have a relationship. Coded within the DNA of each person, is the innate desire to be in relationship. It is a basic human need to be in relationship with others and ultimately with God. Ben Campbell Johnson argues, “to have relationship, one must have a self, an I who encounters a Thou. This encounter is possible only when one has an identity.”³⁴ Spirituality as a human includes being aware of life’s events and being able to interpret them through a spiritual lens.

If self-awareness is essential to spirituality how does one become aware of self? To become a whole person and aware of self, Johnson argues, it is necessary to get rid of the false self, or what Carl Jung calls the persona.³⁵ The persona is not the authentic self. It is a mask that is created to fit into the cultural demands of the individual’s environment. “To develop an authentic self, and thus an authentic spirituality, each

³³ Nelson Thayer, *Spirituality and Pastoral Care* (Philadelphia, PA: Fortress Press, 1985), 56.

³⁴ Ben Campbell Johnson, *Pastoral Spirituality: A Focus for Ministry* (Philadelphia, PA: Westminster Press, 1988), 24.

³⁵ Johnson, *Pastoral Spirituality*, 45.

person must be aware of the persona.” Identifying and removing the persona can be painful, but it is necessary. The apostle Paul encourages believers to “Crucify the flesh” (Gal 5:24).

The second component that facilitates self-awareness and thus spirituality according to Johnson, is “the cleansing of the unconsciousness by exposure of our guilty and painful memories to an all-wise God.”³⁶ These unacceptable parts of ourselves rise to haunt us unless cleansed through confession.

The Pastor As A Metaphorical Shepherd

Robert Dykstra in *Images of Pastoral Care*, compares the work of pastoral care to images in everyday life. He compiled essays by various pastoral theologians and their application to pastoral care and places them into three distinct categories.³⁷ The first category is the Classical Image of Pastoral Care. Included in this category are *The Living Human Document* (Antoin Boisen); *Reclaiming the Living Human Document* (Charles Gerkin); *The Living Human Web* (Bonnie J. Miller-Mclemore); *The Solicitous Shepherd* (Seward Hiltner); *The Courageous Shepherd* (Alastair Campbell); *The Self-Differentiated Samaritan* (Jeanne Moessner). The second category of metaphorical pastoral care identified by Dykstra is Paradoxical Images of Care. Included in this category are *The Wounded Healer* (Henri Nouwen); *The Circus Clown* (Heije Faber); *The Wise Fool* (Alastair Campbell); *The Wise Fool Reframed* (Donald Capps); *The Intimate Stranger* (Robert Dykstra); *The Ascetic Stranger* (James Dittes).

³⁶ Johnson, *Pastoral Spirituality*, 46.

³⁷ Robert Dykstra, *Images of Pastoral Care: Classical Readings* (Atlanta, GA: Chalice, 2005), 9, Kindle Edition.

The third category of metaphorical pastoral care identified by Dykstray is Contemporary and Contextual Images of Care. Included in this category are; *The Diagnostician* (Paul Pruyser); *The Moral Coach and Counselor* (Gaylord Noyce); *The Indigenous Storyteller* (Edward Wimberly); *The Agent of Hope* (Donald Capps); *The Midwife* (Karen Hadson); *The Gardner* (Margaret Kornfield); *The Midwife, Storyteller and Reticent Outlaw* (Brita Gill-Austern).

The most common metaphor for pastoral care in the Bible is that of the shepherd. Shepherding includes, leading, tending, providing for, and protecting a flock. When God told humanity to ‘rule’ over the earth (Gn 1:26), He did not want them to exploit the earth, but to care for the entire creation. The Hebrew word translated into ‘rule’ was derived from the Semitic pastoral milieu and is a shepherd- metaphor implying sensitive and compassionate caring.³⁸

For the pastor, shepherding the flock is an essential prerequisite to fulfilling the role as a pastor. Throughout the Old and New Testament shepherding is set on display as an imitative form of pastoral care. Andrew Purves provides insight into the theological significance of the shepherd metaphor in pastoral care, “To a certain extent casting pastoral work within the theological framework of Jesus as the Good Shepherd is metaphorical theology at its best, for it has opened paths of understanding in ministry that served the church well.”³⁹

³⁸ Daniel Louw, *Meaning in Suffering: A Theological Reflection on the Cross and the Resurrection for Pastoral Care and Counselling* (Frankfurt: Peter Lang, 2000), 50.

³⁹ Andrew Purves, *Reconstructing Pastoral Theology: A Christological Foundation* (Louisville, KY: Knox, 2004), 335 Kindle Edition.

Jesus used the concept of shepherding in John 10 when he referred to himself as the “Good Shepherd.” In Hebrews 13:20, he is referred to as the “Great Shepherd.” Jesus enlists the aid of twelve and then seventy-two to carry the Word and participate in the work of shepherding those in need of assistance (Lk 10). Pastoral care has come to be known as “poimenics” or shepherding (*poimen*, shepherd).⁴⁰ Purves reinforces the appropriateness of this metaphorical theology and its accuracy in describing the ministry of pastoral care:

Shepherding appropriately connects the identity and work of God and the caring work of the church. It has been remarkably successful in its clarity and endurance for good reason. Its biblical base and history in the life of the church ensure that a place will always have to be found for understanding God as our Shepherd, and for ministry as shepherding or pastoring. Jesus will always have to be understood as the Good Shepherd who laid down his life for his flock...⁴¹

Seward Hiltner argues, “as a focal concept concerning ways of bringing the gospel to the particular needs of men in their problems and their sin, I have chosen to return to the ancient metaphor of shepherding. When this function is being performed, he who performs it is a Christian Shepherd.”⁴² Hiltner views pastoral care as a “solicitous shepherd.” He identifies the story of the Good Samaritan as the preeminent paradigm that provides the essential meaning and significance of shepherding. The shepherd metaphor for the pastoral caregiver connects the unique meaning of pastoral care, compassionate and loving charity to Jesus Christ’s sacrificial and redeeming love.⁴³

⁴⁰ Purves, *Reconstructing Pastoral Theology*, 355.

⁴¹ Purves, *Reconstructing Pastoral Theology*, 355.

⁴² Seward Hiltner, “The Christian Shepherd,” *Pastoral Theology* 10, no. 92 (March 1959): 47-54.

⁴³ Louw, *Meaning in Suffering*, 50.

Another aspect of the multidimensional role of the “shepherd” in pastoral care is the “Courageous Shepherd.”⁴⁴ Campbell argues, that courage is a much-neglected quality of pastoral care that demands to be restored. According to Campbell:

Those who have entered into the darkness of another’s pain, loss, or bewilderment, and who have done so without the defense of a detached professionalism will know the feeling of want to escape, of wishing they had not become involved. Caring is costly, unsettling, and even distasteful at times. The valley of deep shadows in another person’s life frightens us too, and we lack the courage and constancy to enter into it. One of the most vivid aspects of the biblical image of shepherding (from which the term “pastoral” derives) is such courage, courage to the point of risking one’s own life.”⁴⁵

The pastoral work of homiletics, hermeneutics, systematic theology, sermon preparation, and other daily pastoral duties pale in comparison to entering into the chaos of an individual’s everyday life. Somebody once asked Gregory of Nazianzus a question. He replied, “I would rather answer that one in the pulpit!” It is easier to deal with men’s needs in the mass in the sacred enclosure of the pulpit than to face them alone in the intimate relationship of a pastoral visit.”⁴⁶

David’s courage as a shepherd was put on display in 1 Samuel 17:34-37, when he defended his father’s sheep from a lion and bear. He suggests to Saul that he can courageously fight and defeat the Philistine, Goliath. This type of courage is necessary for effective pastoral care. Pastoral care requires the shepherd to be honest with his or her feelings, fears, apprehensions, and hang ups, but yet “walk through the valley of the shadow of death” with the sheep over whom they have been given stewardship.

⁴⁴ Alastair V. Campbell, *Rediscovering Pastoral Care* (Philadelphia, PA: Westminster Press, 1981), 36-45.

⁴⁵ Campbell, *Rediscovering Pastoral Care*, 40.

⁴⁶ Donald G. Miller, *Fire in My Mouth* (Grand Rapids, MI: Baker House, 1954), 83.

Jesus in his role as the “Chief Shepherd,” sets a paradigm for the courageous shepherd. His courage is not self-serving or self-aggrandizing, but it is a courage that is motivated by the improvement and protection of the “least of these.” Campbell identifies three areas that demonstrate the courage of Jesus:

The first area Jesus showed courage was in his words. Jesus, on multiple occasions, challenged the authority of overbearing religious leaders who placed a burden on others that they could not keep (Mt 23:3-5). Jesus courageously proclaimed the essence of his ministry and self-identity, which resulted in an overwhelming desire for the Jews to kill him (Jn 5:18; 7:1). Jesus spoke as a courageous shepherd on behalf of the woman at the well (John 4), the woman caught in adultery (Jn 8:1-12); and the man born blind (John 9).

The second area Jesus showed courage was in his actions. He broke Levitical Laws and disregarded the possibility of becoming contaminated when he entered into the world of a leper and with the hand of mercy gave him a life changing and healing touch (Lk 5:13). Jesus broke social norms and his prophetic anointing was called into question when he showed courage by eating with social outcasts and prostitutes (Lk 7:39).

The third and final area Jesus showed courage was in his suffering; he was identified as the suffering servant by the prophet Isaiah (Is 53:3-10). His own people would not receive him (John 1:11). He was neglected and denied by his disciples (Mk 14:68-72). In the agony of Gethsemane, he musters enough spiritual strength to submit to the Father’s will and drink of the cup of suffering (MK 26:42-45). He endured beatings, floggings, humiliation, and a kangaroo court, yet he never said a word in his own defense

(Mt 27). Even on the cross, Jesus sacrificially gave his life with dignity and concern for others. Like the Good Shepherd Jesus laid down his life for his sheep.

The Centrality of the Cross In Pastoral Care

Life is a homogenous mixture of ups and downs, ins and outs, and joys and pain. In an attempt to interpret and understand what is happening, a revaluation of belief systems becomes necessary. Why do people suffer? How does God feel about those who suffer? What is the purpose of suffering? Can God identify with those who suffer? What is God's will in suffering? Suffering is difficult to define; yet it is abundant and omnipresent. Suffering is a complex, multifaceted issue and it has a plethora of faces. Daniel Louw, provides six dimensions of suffering in his seminal work *Meaning and Suffering*.

1. Suffering is a universal phenomenon. The fallen state of humanity as a result of original sin dictates that suffering is part and parcel of the existential experience.
2. Suffering is a cosmic phenomenon. Natural weather disasters that bring destruction, death, and suffering occur without any assistance of humanity.
3. Suffering is a cultural and structural phenomenon. The advances in technology and medicine bring dangers that produce suffering and could possibly annihilate the entire human race.
4. Suffering is a physiological/biological phenomenon. Biological suffering is linked to physical suffering. Pain serves as a physical warning that something is amiss in the body.
5. Suffering is a psychological phenomenon. This type of suffering many times is the most severe form of suffering. Psychological suffering is endured in isolation in many instances. Psychological pain is an indicator that a person is in crisis and needs help.
6. Suffering is an existential and religious phenomenon. Existential suffering involves the totality of a person's being emotional, physical, and spiritual.⁴⁷

⁴⁷ Louw, *Meaning in Suffering*, 9-11.

Suffering raises questions of theodicy and God's involvement in the daily affairs of humanity. Those who suffer they want to know, "Where is God in the midst of my suffering?" Louw argues Psalm 42:9-11 is a good example of inquiries that are made in the midst of suffering and pain:

I say to God, my rock: "Why hast thou forgotten me? Why go I mourning because of the oppression of the enemy?" As with a deadly wound in my body, my adversaries taunt me, while they say to me continually, "Where is your God?" Immediately after the psalmist has questioned the mode of God's presence, he turns to a psycho-spiritual introspection: Why are you cast down, O my soul, and why are you disquieted within me? Hope in God; for I shall again praise him, my help and my God (Ps 42:9-11).

The psalmists lament over God's seemingly inactive role in the midst of a major life crisis. They are struggling to discover whether God is able to identify with their suffering. Luther argues, "Ultimately, the appropriate question is not "Why is God doing this?" but "Where is God in this?" "Where is God in my suffering?"⁴⁸

The cross of Christ is the watershed event in biblical antiquity that clearly demonstrates how God identifies with those who suffer. "God wished to be recognized," not in health, wealth, and success, but "in suffering." Nature in its beauty and all of creation, through natural theology, display the awesomeness of God, but it is in the cross of Christ that God reveals his altruistic love.

⁴⁸ Richard C. Eyer, *Pastoral Care Under the Cross* (St. Louis, MO: Concordia, 2014), 347 Kindle Edition.

CHAPTER FIVE

THEORETICAL FOUNDATION

Spirituality is an intricate component of the process that prepares hospice and palliative care patients for death. A survey of cancer patients showed that a consideration of spiritual concerns by their physicians 85% and 87% was expected.¹ Patients who have been diagnosed with a terminal or life ending disease value the importance of spiritual care and a connection with the divine. Patients who have been diagnosed with a terminal disease report that religion and spirituality are some of the most important resources that are used to cope with cancer and its treatment.² The same study showed that although 88% of those surveyed valued their religious affiliations. Only 72% of the patients felt their spiritual needs were minimally met or not met at all. In one survey, even 45% of nonreligious patients thought that physicians should inquire politely about patients' spiritual needs.³

¹ M. Vallurupalli, et al., "The Role of Spirituality and Religious Coping in the Quality of Life of Patients with Advanced Cancer Receiving Palliative Radiation Therapy," *Journal of Supportive Oncology* 10, no. 2, (2012): 82.

² Vallurupalli, et al., "The Role of Spirituality and Religious Coping": 85.

³ A. Moadel, et al., "Seeking Meaning and Hope: Self-Reported Spiritual and Existential Needs Among an Ethnically-Diverse Cancer Patient Population," *Psycho-Oncology Journal* 8 (1999): 378-385.

The implementation of a spiritual care program is invaluable for the overall wellbeing of the patient. A study conducted by Pearce, Conan, Herndon, Koeng and Abernathy reported that 91% of advanced cancer patients reported that they had a spiritual need; and those who received less than adequate spiritual care experienced increased depression, and a reduced sense of spiritual meaning and inner peace.⁴ When spiritual needs are not sufficiently met the patient's quality of life significantly decrease.⁵

Since spiritual care has been proven to be a vital component of end of life care, what are the current models and how do they assist patients to experience a good death?

According to P. O'Connor:

Spiritual care models offer a framework for health care professionals to connect with their patients; listen to their fears, dreams, and pain; collaborate with their patients as partners in their care; and provide, through the therapeutic relationship, an opportunity for healing. Healing is distinguished from cure in this context. It refers to the ability of a person to find solace, comfort, connection, meaning, and purpose in the midst of suffering, disarray, and pain. The care is rooted in spirituality using compassion, hopefulness, and the recognition that, although a person's life may be limited or no longer socially productive, it remains full of possibility.⁶

⁴ M. Pearce, et al., "Unmet Spiritual Care: 23 Needs Impact Emotional and Spiritual Well-Being in Advanced Cancer Patients," *Supportive Care in Cancer* 20, no. 10 (2012): 2269-2276, accessed August 8, 2015, <http://dx.doi.org/10.1007/s00520-011-1335-1>.

⁵ P. L. Philips and M. Lazenby, "The Emotional and Spiritual Well-Being of Hospice Patients in Botswana and Sources of Distress for their Caregivers," *Journal of Palliative Medicine* 16, no.11 (Nov. 2013): 1438-1445, accessed August 8, 2015, <http://dx.doi.org/10.1089/jpm.2013.0114>.

⁶ P. O'Connor, "The Role of Spiritual Care in Hospice: Are We Meeting Patients' Needs?" *American Journal of Hospice Care* (1988): 5:31-37.

Biopsychosocial Model

The biopsychosocial model of spiritual care was developed by George Engel in 1977. This model “placed the patient squarely within a nexus that included the affective and other psychological states of that patient as a human person, as well as the

significant interpersonal relationships that surround that person.”⁷ Engel believed in order to adequately address the visceral concerns of terminally ill patients and to validate their feeling clinicians must attend to the biological, psychological and social dimensions simultaneously. He praised medical science for the advancements that were made in patient care, but he criticized the narrow focus of biomedical research that saw patients as objects. Engel proposed the subjective experiences of the patient was worth investigating. His goal was the reversal of the dehumanization in medical care and the disempowerment of the patient.

The biological component seeks to understand how the cause of the illness stems from the function of the individuals body. The psychological looks for potential psychological causes for a health problem such as a lack of self-control, emotional turmoil, and negative thinking. The social part investigates how different social factors such as socioeconomic status, culture, poverty, technology and culture can influence health.⁸

According to Borrell-Carrió, et al,

The biopsychosocial model is both a philosophy of clinical care and a practical clinical guide. Philosophically, it is a way of understanding how suffering, disease, and illness are affected by multiple levels of organization, from the societal to the molecular. At the practical level, it is a way of understanding the patient’s subjective experience as an essential contributor to accurate diagnosis, health outcomes, and humane care.⁹

⁷ Daniel P. Sulmasy, “A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life,” *The Gerontologist* 42 no 3: (2002): 25, accessed July 19, 2015, http://dx.doi.org/10.1093/geront/42.suppl_3.2.

⁸ J. W. Santrock, *A Topical Approach to Human-Life Span Development*, 3rd ed. (St. Louis, MO: McGraw-Hill, 2007), 85.

⁹ F. Borrell-Carrió, A.L. Suchman, and R.M. Epstein, “The Biopsychosocial Model 25 Years Later: Principles, Practice, and Scientific Inquiry,” *Annals of Family Medicine* 2, no. 6 (2004): 576, accessed August, 3, 2015, <http://doi.org/10.1370/afm.245>.

Sulmasy argues, Human beings are spiritual beings. Relationship and self-awareness is essential components that make humans human. Illness can be described as an interference or severance of relationships. Thus, one can say that illness disturbs relationships both inside and outside the body of the human person. Inside the body, the disturbances are twofold: (a) the relationships between and among the various body parts and biochemical processes; and (b) the relationship between the mind and the body. Outside the body, these disturbances are also twofold: (a) the relationship between the individual patient and his or her environment, including the ecological, physical, familial, social, and political nexus of relationships surrounding the patient; and (b) the relationship between the patient and the transcendent.¹⁰

Bernard Lonergan, has argued that when one knows (literally) any "thing," what one is really grasping is a complex set of relationships, whether that thing is a quark, a virus, a galaxy, or a patient."¹¹ In order for clinicians to provide adequate healthcare they must realize the importance of relationships and their centrality to good health care.

In the biopsychosocial model healing is not characterized as making whole rather it is more accurately defined as the restoration of all the fractured relationships of the ill person as a whole. This model seeks to restore whatever can be restored even if the restoration is not complete. Healing demands addressing the psychological, social, and spiritual issues as well. When the complete restoration and curative care of a disease-ridden body is medically impossible healing is still possible.

¹⁰ Sulmasy, "A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life," 24-33.

¹¹ B. J. F. Lonergan, *Insight: A Study of Human Understanding* (San Francisco, CA: Harper and Row, 1958), 249.

D. P. Sulmsay argues,

Healing the whole person means restoration of right relationships intrapersonally (relationships between the various parts of the body and biochemical processes between the mind and the body) and extra-personally (relationships between the patient and the environment/patient and transcendence). Symptomatic treatment restores the relationship between the body and the mind while facilitation of reconciliation with family and friends healing the relationship between the human person at the end of life and the environment¹²

The biopsychosocial model for spiritual care address areas that Engel saw as deficient in the care of patients. The first area he addressed with dualistic nature of current medical care. The prominent train of thought was that the body and the soul were separate entities that functioned independently of one another. Engel rejected this view for encouraging physicians to maintain a strict separation between the body-as-machine and the narrative biography and emotions of the person—to focus on the disease to the exclusion of the person who was suffering—without building bridges between the two realms. His research in psychosomatics pointed toward a more integrative view, showing that fear, rage, neglect, and attachment had physiologic and developmental effects on the whole organism.¹³

Second, Engel criticized the excessively materialistic and reductionistic orientation of medical thinking. According to these principles, anything that could not be objectively verified and explained at the level of cellular and molecular processes was ignored or devalued.¹⁴

¹² Sulmasy, "A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life," 28.

¹³ Sulmasy, "A Biopsychosocial-Spiritual Model for the Care of Patients at the End of Life," 24–33.

¹⁴ F. Borrell-Carrió, "The Biopsychosocial Model 25 Years Later," 576.

Engel was concerned with the dehumanization of medical care. Medical professionals focused on tests, curative treatments. Unfortunately, little to no attention was given to the human dimension of suffering. Engel sought to challenge the clinicians to broaden their scope of healthcare. The patient is human and functions simultaneously psychologically, socially and biologically. Proper care will address all of these areas even when a cure is not available.

Current Theory for Social Work in Hospice and Palliative Care

The hospice care team consists of a multidisciplinary team whose goal is to provide palliative (comfort care) for the physical psychological, social, and spiritual symptoms at the end of life.¹⁵ The foundational component of hospice philosophy is “the belief that each of us have the right to live and die free of pain, and dignity, and that our families should receive the necessary support to allow us to do so.”¹⁶

The social worker functions as an intricate part of the multidisciplinary hospice team. The social worker is responsible for addressing psychosocial symptoms of hospice patients. Social workers have many tasks in hospice care including providing resources, referrals for services, counseling and supportive therapies meant to cope with psychosocial symptoms indigenous to end of life transition.¹⁷

¹⁵ M. Baker, “Facilitating Forgiveness and Peaceful Closure: The Therapeutic Value of Psychosocial Intervention in End of Life Care” *Journal of Social Work in End of Life and Palliative Care* 1, no. 4 (2005): 83-90, accessed August 21, 2015, http://doi:10.1300/J457v01n04_06.

¹⁶ National Association of Social Workers, *NASW Standards for Palliative and End of Life Care* (Unpublished manuscript, 2004), 11.

¹⁷ J. G. Cagle and P. J. Kovacs, “Education: A Complex and Empowering Social Work Intervention at End of Life,” *Health and Social Work* 34, no. 1 (2009): 17-27, accessed August 10, 2015, <http://doi:10.1093/hsw/34.1.17>.

Life Span Development Theory

The life span development theory seeks to identify the various changes people experience throughout their lives. Eric Erickson and Abram Maslow have developed specific theories for end of life. The end of life focus of life span development involves finding meaning in one's life and having a feeling of wholeness near the end of it.¹⁸ The life span development theory concerns the study of individual development, or ontogenesis, from conception to death. A key assumption regarding this theory is that development does not cease when adulthood is reached. Theory concerns the study of individual development, or ontogenesis, from conception to death. A key assumption regarding this theory is that development does not cease when adulthood is reached.¹⁹

Erik Erikson shares eight stage of development. In seventh stage, "stagnation versus generativity" adults are usually focused on producing something that will have an impact on society. A legacy for their posterity is a driving force. The goal is to pass on knowledge to future generations. This is vital for hospice patients in the process of dying a good death.

The eighth and final stage focuses on "ego integrity versus despair" and is often associated with adults sixty-five and older. In this stage older adults begin to experience a sense of mortality and more emphasis is placed on life review and reflection. The impetus for the sense of mortality may be retirement, death of friends that are close in age, death

¹⁸ N. R. Hooyman and B. J. Kramer, *Living Through Loss: Interventions Across the Life Span* (New York, NY: Columbia University Press, 2006), 143.

¹⁹ P. B. Baltes and U. M. Staudinger, "The Search for a Psychology of Wisdom," *Current Directions in Psychological Science* 2, no.3 (June 1993): 75-80.

of a spouse or diagnosis of a terminal diagnosis. The outcome of this life review can be positive or negative.

The Freudian concept of the ego is a psychological internal structure, which helps one adapt to society and its conflicts.²⁰ The ego plays an instrumental role in organizing and structuring positive and negative events in an individual experience in their lives.

Therefore, a strong ego is necessary to properly address a major life crisis such as a terminal diagnosis. Ego integrity is the result of the positive resolution of this final stage, which results in satisfaction and contentment. For hospice patients dying with dignity. The failure to successfully resolve the life crisis that occur in this stage results in despair. Despair in hospice patients can manifest itself in a fear of death, anxiety, anticipatory grief, and social isolation.

Another model that uses the life span development theory is Abraham Maslow's hierarchy of needs. Like other models of life span development theory, each stage must be completed before progressing to the next stage. There are five stages or motivational needs in this model that can be divided into two categories. The first category deficiency has four stages: physiological, safety, social, and esteem. The fulfillment of the needs result in finding meaning, dignity and fulfillment in life.²¹ The final category and stage and ultimate goal is self-actualization. Self-actualization occurs when people can look back on their lives and feel Zalenski and Rappa discovered

²⁰ B. K. Haight, Y. Michel, and S. Hendrix, "The Extended Effects of the Life Review in Nursing Home Patients," *International Journal of Aging and Human Development* 50, no.2 (2000): 151-168, accessed August 10, 2015, <http://doi:10.2190/QU66-E8UV-NYMR-Y99E>.

²¹ D. M. Clarke, "Growing Old and Getting Sick: Maintaining a Positive Spirit at the End of Life," *Australian Journal of Rural Health* 15 (2007): 148-154, accessed August 9, 2015, <http://doi:10.1111/j.1440-1584.2007.00867.x>.

the employing Maslow's hierarchy of needs in a palliative care environment had a significant impact on quality of life for patients.²² They included:

- 1) Physiological needs - distressing symptoms of dyspnea and pain control
- 2) Safety needs - Working with patient fears regarding physical safety, dying and abandonment.
- 3) Social needs - Working with love, acceptance, and affection, in the face of debilitating illness.
- 4) Esteem Needs - Work with esteem and respect needs in the interior and exterior environments.
- 5) Self-Actualization - Experiences of actualization and transcendence in the face of death and/or serious illness.

Zalenski and Rappa, commend on the efficacy of Maslow's theory. "Maslow's frame work provides a comprehensive approach not only for achieving comfort at the end of life—through the relief of symptoms and addressing of fears and safety issues—but for self—actualization that can be achieved in the last part of the journey."²³

Current Theory for Nursing Care

A growing consensus suggests that religion and spirituality have a significant impact on physical and psychological health.²⁴ Researches propose that study of

²² Robert J. Zalenski and Richard Raspa, "Maslow's Hierarchy of Needs: A Framework for Achieving Human Potential in Hospice Care," *Journal of Palliative Medicine* 9, no.5 (October, 2006): 1120-1127, accessed August 9, 2015, <http://doi:10.1089/jpm.2006.9.1120>.

²³ Zalenski and Raspa, "Maslow's Hierarchy of Needs," 1126.

²⁴ D. Berry, "Methodological Pitfalls in the Study of Religiosity and Spirituality," *Western Journal of Nursing Research* 27 (2005): 628-647.

spirituality and health is important for nursing research.²⁵ Although spiritual care is traditionally has been in the domain of chaplains or pastoral care professionals some patients expect the entire medical team to care for them spiritually. Nurses can be instrumental in assisting patients in addressing their spiritual concerns. The North American Nursing Diagnosis has two accepted diagnosis for spirituality: spiritual distress and readiness for enhanced spiritual wellbeing.²⁶ According to The Nursing Outcomes Classification: “there are twenty indicators for spiritual health and the Nursing Intervention Classifications includes four specific interventions for spiritual care—religious spiritual enhancement, spiritual support, spiritual growth facilitation and forgiveness facilitation—and two more general interventions that are used in spiritual care: bibliotherapy with sacred texts and presence.”²⁷

The Synergy Model

The synergy model for patient care was developed in the 1990's by the Association of Critical Nurses to move the practice of nursing beyond a series of tasks to be done to a more holistic model of care. The core assumption made by this model is

²⁵ M. Boero, et al., “Spirituality of Health Workers: A Descriptive Study,” *International Journal of Nursing Studies* 42 (2005): 915-921.

²⁶ J. M. Wilkinson, *Nursing Diagnosis Handbook with NIC Interventions and NOC Outcomes*, 7th ed. (Upper Saddle River, NJ: Prentice Hall 2000), 131.

²⁷ Amy Smith, “Using the Synergy Model to Provide Spiritual Nursing Care in Critical Care Settings,” *Critical Care Nurse* 26, no.4 (August 2006): 42.

“that when patient characteristics and nurse competencies match, patient outcomes are optimized.”²⁸

The AACN Synergy Model is based on five assumptions:

- 1) Patients are biological, social, and spiritual entities who present at a particular developmental stage. The whole patient (body, mind, and spirit) must be considered.
- 2) The patient, family, and community all contribute to providing a context for the nurse-patient relationship.
- 3) Patients can be described by a number of characteristics. All characteristics are connected and contribute to each other. Characteristics cannot be looked at in isolation.
- 4) Nurses can be described on a number of dimensions. The interrelated dimensions paint a profile of the nurse.
- 5) A goal of nursing is to restore a patient to an optimal level of wellness as defined by the patient. Death can be an acceptable outcome in which the goal of nursing care is to move a patient toward a peaceful death.²⁹

The relationship between nurses and patients is vital to providing adequate care and producing ideal outcomes. The synergy model gets its name from the synergy that is created when nurse competencies compliment patient characteristics. Four areas of the model that can be related to spiritual care: two characteristics of patients—resiliency and resource availability—and two characteristics of nurses—caring practices and response to diversity create synergy when properly addressed.³⁰ The patient characteristic of

²⁸ S. R. Hardin and R. Kaplow, *Synergy for Clinical Excellence: The AACN Synergy Model for Patient Care* (Boston, MA: Jones and Bartlett Publishers Incorporated, 2005), 8.

²⁹ Hardin and Kaplow, *Synergy for Clinical Excellence*, 7-8.

³⁰ Smith, “Using the Synergy Model to Provide Spiritual Nursing Care in Critical Care Settings,” 42.

resiliency is defined as “the ability to return to a restorative level of functioning using compensatory coping mechanisms.”³¹

One of the more prominent coping mechanisms is prayer. Prayer is a communication between human beings and God and is recognized as coping mechanisms.³² Prayer can be used a source of strength assurance, comfort for patients who are experiencing difficult illness or terminal diagnosis.

The patient characteristic of resource availability is directly related to the “extent of resources brought to the situation by the patient, family, and community.”³³

According to Kaplow, resources are technical, fiscal, personal psychological social or supportive. The Synergy Model posits the greater the quantity and quality of patient resources the possibility for a more positive outcome. Similarly, if the patient only has no resources the less likelihood there is for a positive outcome.

Caring practices in nursing are designed to promote comfort and healing and prevent unnecessary suffering. Authentic caring cannot take place without respect for each person and there unique and set of needs. A healing environment takes place when caring practices area administered and there is an acknowledgment of the give and take between the nurse and the patient.

Spiritual care is an essential facet of the holistic concept of patient care. An impactful intervention for patients and families is spiritual support. Three indicators of quality spiritual support 1) assess and document spiritual needs of patients and patients’

³¹ Hardin and Kaplow, *Synergy for Clinical Excellence*, 14.

³² E. J. Taylor, “Prayer’s Clinical Issues and Implications,” *Holistic Nursing Practice* 17, (2003): 179-188.

³³ Hardin and Kaplow, *Synergy for Clinical Excellence*, 14.

families on an ongoing basis; 2) encourage access to spiritual resources; and 3) elicit and facilitate spiritual and cultural practices that patients and their families find comforting.³⁴

The key feature of the synergy model is the relationship between the nurses and patients. Patients with known spiritual needs should be partnered with nurses whose skillsets are compatible and this creates synergy. Time and space should always be allowed for religious ritual at the bedside.

Conclusion

The work of pastoral care for the sick and dying can be complex and difficult. The number of theories and models for spiritual care of hospice patients are numerous and too large to adequately address in this paper. Pastoral care is a practical theology that is not practiced in an ivory tower but is worked out in trenches of everyday life. The multidisciplinary team in hospice care provides an opportunity for all team members to provide spiritual care. As stated earlier, patients expect doctors, nurses and social workers be equipped to provide spiritual care.

The work of the social worker and their theories of care for hospice and palliative care patients is needed. The life span theory is profound, and adequately address the phases of maturation that normally occurs in the life of a mentally and physically healthy individual.

³⁴ M. Levy, et al., "Quality Indicators for End-of-Life Care in the Intensive Care Unit," *Critical Care Medicine* 31 (2003): 2255-2262.

CHAPTER SIX

PROJECT ANALYSIS

Introduction

The role of spiritual care in facilitating a good death is invaluable. Clergy, when aware, are very instrumental in using spirituality to assist terminal patients to become accepting of a terminal diagnosis and begin the process of defining what a good death looks like. It is my experience that some clergy arrive at the bedside of terminally ill patients with anxieties and uncertainties regarding their role in providing holistic care for their members. The reasons are varied and myriad for this uncertainty.

The purpose of the current study is to determine the ability of clergy to identify best spiritual practices that can be employed to provide adequate pastoral care for hospice and palliative care patients. With these skillset, patients will experience good deaths and families will experience good grief. The project is designed to assist and equip pastors and other clergy with the necessary information to aid patients in the decision making process of electing or declining the hospice benefit.

The current project adds to the existing corpus of spiritual care research by being available for use to gain an understanding of how to appropriate pastoral care for palliating patients. The study presents the lived experiences of pastors within the context

of the local church. The present research has provided a view into the perspectives and methods of spiritual care, for hospice patients.

Methodology

The goal of this research study was to determine if pastors comprehended the role of pastoral care for hospice and palliative care patients and how adequate spiritual care makes the dying process more palatable.

The research questions for this study were:

- 1) Please share the highest level of education achieved.
- 2) How many years have you been in ministry?
- 3) Please define hospice.
- 2) Do you have any experience with hospice care?
- 3) Identify a recent loss (loved one, job, pet, independence, etc.)? What emotions did the loss evoke?
- 4) If you were diagnosed with a terminal disease (given 6 months or less to live) what would you like to receive from your pastor/church?
- 5) If diagnosed with a terminal disease would you choose to receive aggressive/curative treatment or allow the disease process to naturally take place?
- 6) Do you think it is possible for someone to die a "good" death?
- 7) What are the characteristics of a good death?
- 8) What are the characteristics of a bad death?
- 9) If diagnosed with a terminal diagnosis would you choose to die in a hospital or personal residence (home, family members home, nursing facility)?
- 10) What role do you perceive you play in the spiritual care of members who are dying?

- 11) Have you received formal training in pastoral care? Please explain?
- 12) How can you facilitate a good death for your congregants who receive a terminal diagnosis?
- 13) On a scale of 0 to 3 (0- not at all; 3- completely comfortable) how comfortable are you discussing death and dying with terminally ill patients.
- 14) Are you familiar with a DNR?
- 15) Have you discussed your end of life wishes with your family or loved ones?

The specific context in which this research was conducted served as the impetus for this research design. The methodological approach with the qualitative method was used for this project. The qualitative method was most appropriate for this study because it allowed the researcher to uncover pastor's knowledge base of hospice and the benefit of pastoral care for patients that have received a terminal diagnosis. According to Creswell, qualitative research is an approach for exploring and understanding the meaning individuals or groups ascribe to a social or human problem.¹

Phenomenology began as a term introduced in 1764 by German philosopher Johann Heinrich Lambert, who took phenomena to refer to the illusory aspects of human experience; he subsequently defined phenomenology as the theory of illusions.² Arbnor and Bjerke also note that the initial use of phenomenology as a scientific method was attributed to a German philosopher: Edmund Husserl. These researchers state:

Phenomenology, according to Husserl, was different from empirical sciences not because it had a different subject, but because it dealt with the world in a different

¹ John W. Creswell, *Research Design Qualitative, Quantitative, and Mixed Method Approaches*, 4th ed. (Thousand Oaks, CA: Sage Publications, 2014), 4.

² I. Arbnor and B. Berke, *Methodology for Creating Business Knowledge*, 2nd ed. (Thousand Oaks, CA: Sage Publications, 1997), 38.

way, the reflective way, and it reflected not on matters of fact but on the necessary conditions for the coherence of experience and the adequacy of men and women as social beings.³

According to Moustakas, the aim (of phenomenology) is to determine what experience means for the persons who have had the experience and are able to provide a comprehensive description of it. From the individual descriptions general or universal meanings are derived, in other words the essences or structures of the experience.⁴

Phenomenological approaches to qualitative research stress the importance of reflexivity, i.e., an awareness of the ways in which the researcher, as an individual with a particular social identity and background, has an impact on the research process.⁵ The potential for bias can be a threat because of the inherent nature of the research method because the researcher is used as an instrument in the research. Strategies, such as data triangulation, and others will be utilized to minimize such threat to the research study. By utilizing a data triangulation strategy, the threat to validity has been significantly reduced.

Sample

A purposive study was employed for this project. To become an informant in this study, the participants must actively participate in pastoral work or pastoral care/sick visitation. The participants in this study were identified through professional relationships

³ Arbner and Berke, *Methodology for Creating Business Knowledge*, 41.

⁴ Clark Moustakas, *Phenomenological Research Methods* (Thousand Oaks, CA: Sage Publications, 1994), 131.

⁵ Colin Robson, *Real World Research*, 2nd ed. (Malden, MA: Blackwell Publishers, 2002), 172.

and were invited by a formal letter.

Because of the nature of qualitative phenomenological studies, the sample sizes are relatively small. The target class size was twenty to twenty-five all of the attendees currently serve as pastors or ministers within the context of the local church. The various participants, who were solicited, confirmed their participation via follow up phone call or email.

Setting

The focus of this project consisted of workshop with clergy who actively participate in pastoral care. The workshop was approximately four hours. The goal of the workshop was to assess clergy understanding of hospice and the importance of adequate pastoral care for hospice and palliative care patients.

Instrumentation

The data collection instruments developed were a pre and post survey and an end of workshop evaluation.

Pre and Post Survey

The pre and post survey tool consisted of twelve questions including demographic information and other relevant information to the research project. The questionnaire consisted of information that could assess the attitudes and behaviors of the participants prior to the workshop. Class participants were allowed to submit these surveys without disclosing their names, but were instructed to choose a unique number that they could provide on the post survey as well so the researcher could pair and link the correct tools

to each of the participants. Questions composed and utilized in the tool were yes/no response and short answer.

End of Course Evaluation

To capture additional classroom participant data, an End of Course Evaluation was developed. To grasp the breadth and width of the participants lived experiences as a result of this project, this tool proposed additional reflection for the participants that would not be captured through neither the pre and post surveys. This tool was designed to augment the reflection of the participants and aid the researcher in capturing additional reflections on attitudes, thoughts, and behavior in addition to providing the instructor for feedback on class presentation and dissemination.

Implementation

Workshop Instrumentation

The workshop began with an introduction of workshop facilitator and class participants. The seminar consisted of two sessions that were two hours each with a fifteen minute break every hour. The first session covered a history of hospice, the definition of hospice/palliative care, and an explanation of the hospice benefit. The second session focused on the characteristics of a good death, the intricacies of pastoral care and self-awareness in the context of a hospice care.

Session 1: A History of Hospice

Participants were provided with historic information concerning the origin of hospice and its connection with the Christian church. Hospice at its most fundamental basis was never meant to have a separation of medical care and pastoral care. The two were provided in tandem in order to facilitate a good death. The objective of this session was to show how pastoral care has played an intricate component in hospice care from its inception.

Definition of Hospice/Palliative Care

Participants were given a definition of hospice and an explanation of what hospice does. The vast difference between curative care and palliative care was thoroughly discussed. Hospice as a choice for end of life care was also discussed. The objective of this section was to provide participants with a definition of hospice.

Explanation of Hospice Benefit

The hospice benefit is free and is available for anyone who has been given a terminal diagnosis and will likely only live for six (6) months or less given normal disease progression. The hospice care team consists of a medical doctor/medical director (MD), a registered nurse (RN), a state tested nursing assistant (STNA), a chaplain, a social worker, a bereavement counselor, various therapists and a volunteer coordinator. Hospice provides all medicine and durable medical equipment related to the patient's terminal diagnosis. At the center of the care team is the patient and the patient's family. Hospice care is patient and family driven. The patient always comes first. The objective

of this section was to equip pastors with the information to assist their members when confronted with a decision regarding hospice care.

Session II: The Characteristics of A Good Death

The term good death was defined. A healthy discussion occurred and the possibility and plausibility of dying a good death was explored. The participants were asked if it was at all possible to die a good death? Participants were provided the characteristic of a good death. Other topics discussed in this section were: “What is a DNR?” “Why get durable power of attorney for healthcare?” “Sharing end of life decisions,” and “Who is paying for the funeral or cremation?” The objective of this section was to equip pastors with tools to help facilitate a peaceful and serene death for the patient and help families begin the grieving process.

Pastoral Care

Participants were provided with a definition of pastoral care. A biblical paradigm for and the various images of pastoral care were also discussed. The objective of this section was to share with participants what pastoral care is and the various types of pastoral care.

Self-Awareness

A definition of self-awareness and the need for self-awareness was shared with participants. The objective of this section was to challenge clergy to identify the “stuff” they bring with them when caring for terminally ill patients.

These topics were broad enough to cover a good amount of material for this research project. The subjects covered are fundamental to grasping what hospice is, what hospice does and the gravity of pastoral care for hospice patients. The participants were allowed an opportunity to share their heart and feelings. Furthermore, it allowed this researcher to equip pastors with their skillset of pastoral care. This research was focused on discovering clergy's beliefs/knowledge concerning pastoral care of hospice patients.

Presentation of Data and Major Themes

All twenty-five of the participants completed the pre and post surveys. Out the twenty-five participants that attended the workshop the educational level was diverse (See figure 1). Four attendees (16%) had high school diplomas. Fifteen attendees (60%) obtained an undergraduate degree. Four attendees (16%) held a master's degree and two participants (8%) earned a doctorate.

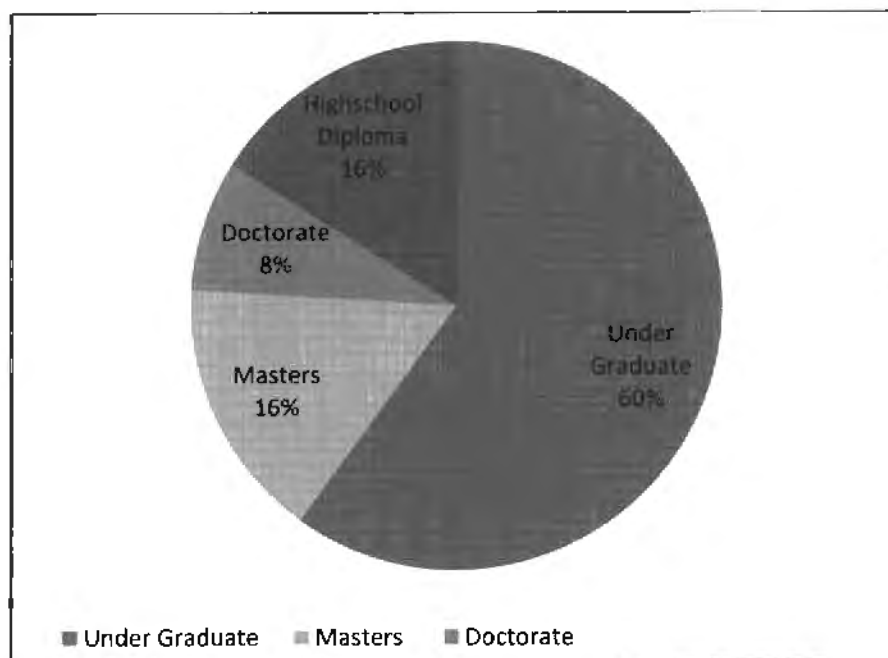


Figure 1. Educational Level of Participants

The educational level of the participants did not have a direct correlation to their knowledge of hospice or palliative care. Many participants did share they wish they knew more about hospice and palliative care. For those with degrees and even advanced degrees shared that their pastoral care courses did not cover hospice. This researcher discovered that the majority of participant's hospice knowledge base was a direct result of interacting with hospice through the death of a patient or family member.

The age breakdown of the participants (See Figure 2). Of those who participated four (16%) were between the ages of eighteen and thirty-five; seven (28%) were between ages of thirty-five to forty-five; ten (40%) were between the ages of forty-five to fifty-five; and four (16) were fifty-five or older.

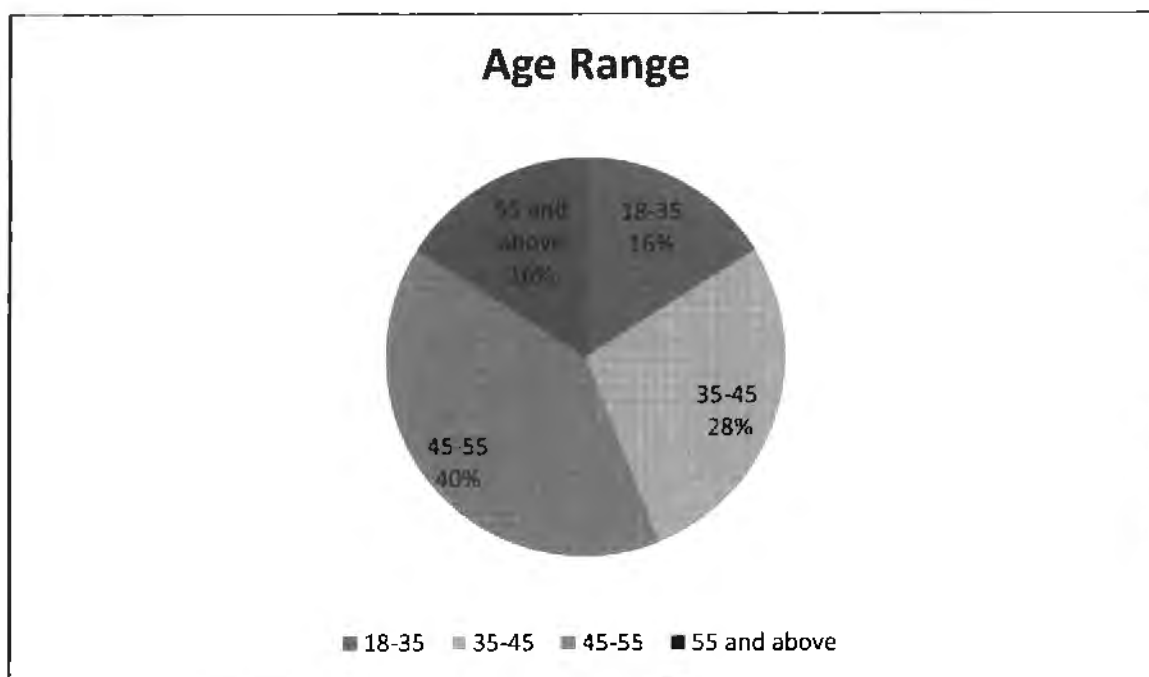


Figure 2. Age Range of Participants

Out of the twenty-five clergy members present twenty-one of the participants had a previous experience with hospice. Four participants did not.



Figure 3. Participants Experience with Hospice



Figure 4. Participants Willingness to Discuss Death and Dying

The key points that were shared in response to the material that was presented in the workshop included the history and definition of hospice, benefits of hospice, characteristics of a good death, and pastoral care.

History of Hospice/ Definition of Hospice

Participant #23

I really had no idea what hospice did. I thought it was just a place to go to die. I thought you were sent to hospice because there was nothing else to do. I was not aware that people actually graduate off of hospice services. Now I see hospice in a different light.

Participant #16

This was eye opening, I never knew the connection between hospice and the church. I knew many charitable organizations were started by the church, but I did not know the connection with hospice and the church existed. The combination of the medical component and spiritual component of patient care is delightful. Thanks Pastor White.

Participant #12

Pastor White's explanation of curative care versus palliative care really helped me. I was not a proponent for hospice because I thought when you went to hospice that means you have given up. I mean we are people of faith and we trust God to heal any sickness we get. Now, I see that palliative care is not giving up. It is a decision to let nature take its course and stop putting the patient through expensive and many times needless surgeries and treatments.

Explanation of the Hospice Benefit*Participant #13*

This information was very helpful and needed. I did not feel comfortable discussing hospice with my congregants or my own family members because I was not

aware of exactly what it was all about. Now I am equipped to have conversation regarding hospice without feeling ignorant or intimidated by those in the medical profession.

Participant #2

I have always thought you had to have insurance to pay for hospice, I also did not know that a patient can receive hospice care at home or a nursing facility. I was afraid to discuss hospice because I did not know the particulars of how it works or what hospice actually does. This workshop really peaked my interest.

Participant #25

I have never considered the team concept in hospice care. It just makes sense for everyone to work harmoniously for the benefit of the patient. I wish as a pastor I could know more about my member's terminal condition and the disease process. Many times as a pastor I am apprehensive about asking what disease someone may have or how long are they expected to live. I see pastoral care for hospice patients in a new light.

The Characteristics of A Good Death

Participant #10

This topic really peaked my interest. I thought Pastor White was crazy for using to terms that I considered to be polar opposites. How can someone have a good death?

His presentation of the characteristic of a good death was amazing. I will begin using this as a guide for my family and church members who will be facing an imminent death.

Participant #8

I like the concept of a good death. It just seems like everyone would want to have serene and pain free death. Death is scary enough and many times causes issues in families that have unresolved issues. My goal is to help all of my members have a “good death.”

Participant # 20

I wish learned this earlier in my ministry. As an advocate for my members I could have helped so many of them deal with death more appropriately. My focus was purely on the spiritual component of death but there is so much more to dying. The financial issues, family relationships, and self-determined life closure. I will be putting these principals into practice ASAP.

Pastoral Care

Reflections

A phenomenological research design was used to extract meaning from the lived experiences of the workshop participants. The goals of this study were to determine the attitudes of clergy regarding spiritual praxis for hospice and palliative care patients. Chapter six is presentation of the reflections, summary, conclusion and key findings of this study.

The decision to focus this project on clergy and their ministry to hospice patients was driven by a personal experience. My knowledge of hospice was limited. After participating in Clinical Pastoral Education Units and working intimately with hospice patients there was a profound impact on this writer. After sharing my experiences with fellow clergy it was evident that there was a lack of knowledge regarding the need for specialized spiritual care for hospice and palliative patients.

The workshop challenged clergy to acknowledge that there was a knowledge deficit and a need to improve their pastoral care skills. The project impact was significant and transformative.

Participant #3 Noted in an end of workshop survey:

This workshop was amazing. I thought I was the only minister that was uneasy discussing death and dying and felt nervous when visiting a patient how was actively dying. I was never taught what an effective sick visit looked like. I was unsure if my visits were making an impact. I thought I was supposed to make my members feel better once I left. I discovered the visit was never about me. My understanding of hospice has grown as well. As a result of this experience I will be enrolling in a Clinical Pastoral Unit in the very near future.

Statements like this from the participants would suggest the project was a success. Further training and educational opportunities for clergy are necessary. The needs of those who are dying are varied and in order for clergy to effectively minister to them

clergy must be knowledgeable. The information that was shared in the workshop appears to have made a positive impact on the participants and their ministerial work.

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